02606 2621 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY LEGANY O. STATE MARYLAND b. COUNTY ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2 HRS. CUMBERLAND d. NAME OF HOSPITAL MEMOR TALL SHOSP PHALL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? (-0 MEMORIAL & WARWICK AVES .. 310 PIEDMONT AVE YES NO X NAME OF First Middle 4. DATE Month Year MARCH ELIZABETH DEATH (Type or print) MARY ABRAMS 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months **JANUARY** 1899 FEMALE WHITE WIDOWED [7] DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home CUMBERLAND. MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVERETT BARHAM VIOLA ALLEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 213-22-4561 Wesley Abrams, 310 Piedmont Ave. Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.1 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) O. III. While Not while of work of work p. m 18 that I last saw the deceased 21. I certify that I attended the deceased from \_, and that death occurred at 1:45 M, fram the causes and an the date stated above. alive an ACTUAL SIGNATURE PHYSICIAN'S LEO NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) St. Lukes Cemetery Mar.13.1958 Cumberland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY, REGISTRAR 24b\_REGISTRAR'S SIGNATURE II. Wayne George, Cumberland, Md. DATE MAR 1 4 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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AGSPITAL OR TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours control he hospital ar ottending physicion.

TO FUNERAL DIRF R: Affer this certificate has been signed by the attending physician and completely filled in by the neral director, page 3 shauld be stocked for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or removal, and in any event without after death.

Joth: Page 4

Item 8,	MARYLA Film G227,		STATE DEPAR		ENT OF HEA ATE OF DEA		ł—BAL' ∙i	TIMOR		teg. Dis	. 02	261	)7
1, PLACE OF DEATH o. COUNTY	2002		MARYU		2. USUAL RESIDENCE O. STATE	Œ (Wh	nere deceased	d lived. If in	nstitution:	Residenc	e before		sion)
ALLEGAN	Y If outside corporate limits,	ile	c. LENGTH OF STAY II		MARY!						LEGA		-1
RURAL ond give no	egrest town)	wille	53 DAYS	N 10			LAND	irqie ilmits, v	VIIIE KUK	Ar and â	live near	real IQIVI	4
	MEMORIAL HOS				d. STREET ADDR		BERLAN	D ST			ė	ON A	SIDENCE A FARM? NO []
3. NAME OF DECEASED (Type or print)	First F.1	ZAB	Middle FTH		tost ADAMS	3	4. DATE OF DEATH		Month	_1	20 poy		Yeor 19 58
5. SEX FEMALE	6. COLOR OR RACE 7		ED NEVER MARRIED	_	B. DATE OF BIRTH  JULY 24	1.88	6	9. AGE (In	veors IF	UNDER '			ER 24 HRS. Min.
100. USUAL OCCUPATIO	ON (Give kind of work dar king life, even if retired)	e 10b. I	- EA	<u></u>					7	12. CITI	ZEN OF		COUNTRY
13. FATHER'S NAME	10	1011			14. MOTHER'S MAI			-			0.0	-710	
	LIAM WITHERS				FANNIE			M					
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi	57 16.	None		NFORMANT arry With			ackso	Address NV1.		Fl	a.	
PART I. DEA	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of lin	e far (o), (b), and (c).]	re	eratic l	las	seul	41	dis	2	INTE	RVAL BI	DEATH
Conditions, if o	DUE TO		0								2	26	. 52
gave rise to i cause (a), stating lying cause lost.	mmediate Dusto	L	Lexirm	it	iea)	Z	ag	1/4	_				
PART II. OTH	HER SIGNIFICANT CONDIT	IONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE	TERMI	INAL DISEAS	E CONDITIC	N GIVEN	I IN PART	1(0) 19	PERFO	AUTOPSY DRMED?
PANT II. OTH	AS UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER	b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter nature of inju	ury in I	Part I or Par	t 11 of item	18.)	0			
Y 20c. TIME OF INJUR Hour o. m., p. m.	RY Month, Day, Year	20d. IN White of work	Nat while	20e. Plu fac	ACE OF INJURY (Home ctory, street, office bld	e, form g., etc	n, 20f. (City	or town)		(C	ounty		(State)
21. I certify the	not I attended the d	ecease		5. death	accurred at 9		3, 30 A.M., fron						
ACTUAL SIGNATURE	N. F. WI	LIAN	finn	7	M.O. Qui	il	ADDRESS (S	Ireet, city or	lown, sto	12	,	3,	ATE SIGNE
PHYSICIAN'S NAME (Type)					,			and company and some internal case.					
220. BURIAL, CREMATIC REMOVAL (Specify) BULLEL	ADT 1, 19	)58	Rose Hi.	-	crematory Cemetery			tion (Giy. berla			•	[Sto	te)
23. FUNERAL DIRECTOR  Byron Ki		ımb e	erland, Mo	d.			D BY REGIST	TRAR 24b	REGISTI	RAR'S SIG	SHATUR	E	

BUREAU K. S.

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BECEINED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY O. STATE b. COUNTY files. Heolth, Md. Allegany Allegany MARYLAND b. CITY OR TOWN III outside corporate limits, write #URAL c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) fown) and give negreti lows) Frostburg Barton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? e funeral refoined Miners Hospital YES NO M 3. NAME OF DECEASED 4. DATE Middle Month Yeor OF DEATH William .T. Avers March (Type or print) 58 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B. DATE OF BIRTH 9. AGE He years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) 1885 Months white Hours male 72yrs. WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRYS miner & merchant Barton, Md. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ayers Elizabeth Penaman 15. WAS DECEASED EVER IN IL. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT no Miners Hospital records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Acute congestive heart failure sudden over DUE TO Cardio-vascular-renal disease months Conditions, if any, which gove tits to immediate cause **DUE TO** (a), stating the underlying cours lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Fracture of right humerous YES | NO T 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 4 or Part II of item 18.) Humerous Slipped on ice near home fell & fractured right 206. ÎNJURY OCCURRED 20e. PLACE OF INJURY Home, form, 20f. (City or town) while Not while foctory, street, office didg., etc.) 20c. TIME OF INJURY Month, Day, Year (State) Not while 01 Feb. 20, 58 of work at work Poge Highway home Barton Allegany 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection st. CTOR: opinion deoth resulted from: Notural causes 🗐, Accident 🗍, Suicide . Homicide . Undetermined monner DIREC DATE SIGNED ACTUAL \*+vvuna CHIEF MEDICAL EXAMINER [ SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER WATCH NAME (Type) H.V. Deming M.D. 220. BURIAL CREMATION 22c. NAME OF CEMETERY OF GREMATORY 22d. LOCATION (City, town, or equaty (Stote) REMOVAL (Specific 9 23. FUNERAL DIRECTOR'S SIGNATUR 240. REC'D BY REGISTRAN 246 REGISTRAR'S SIGNATURE VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. &

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DECENTED

15M 10/57

## 2623 CERTIFICATE OF DEATH 1. PLACE OF DEATH o. COUNTY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lawn] CUMBERLAND 2HRS. 40 MINS. CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION MEMORIAL HOSPITAL NAME OF 4. DATE Middle DECEASED CAROLINE BATIE (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH FEMALE WIDOWED [ DIVORCED [ NOVEMBER WHITE 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Housewife Own Home 13. FATHER'S NAME GEORGE GITTINGS 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYes, no, or unknown) MEMORIAL HOSPITAL No None 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO Conditions, if ony, which gave rise to immediate DUF TO couse (o), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(61) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m. Not while al work al wark p. m. 21. I certify that I attended the deceased from ACTUAL PHYSICIAN'S DR. GOVERTON HIMMELWRIGHT NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) Burial 1958Rose Hill Cometery Lumberland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) John J. Hafer, Eumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

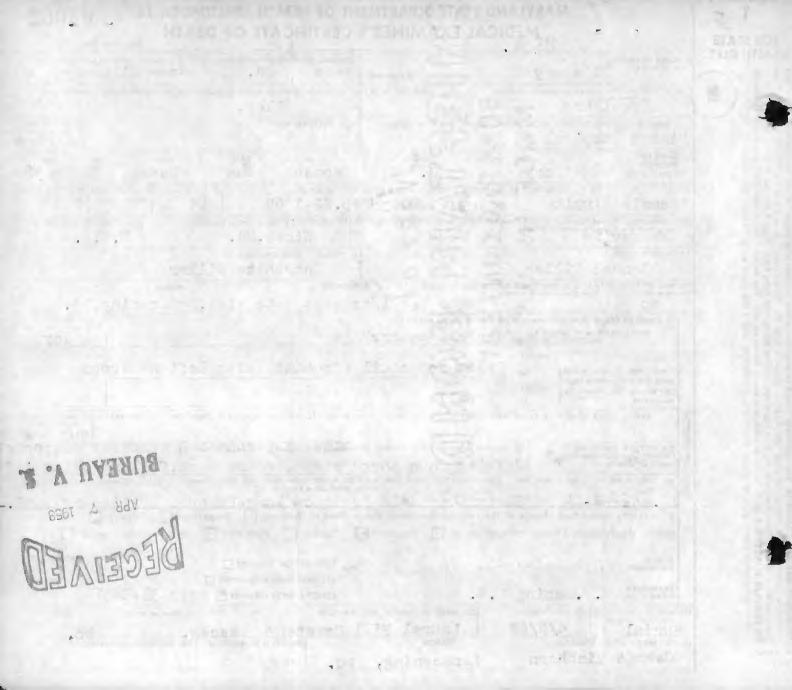
Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY ALLEGANY c. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest lown) e. IS RESIDENCE ON A FARM? 108 GRAND AVENUE YES NO TA Month Year MARCH 195 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days 12. CITIZEN OF WHAT COUNTRY? ENGLAND Landon, Bradley U. S. A. ELIZABETH HARRIS Address CUMBERLAND. MD. INTERVAL BETWEEN ONSET AND DEATH Cross. PERFORMED? YES NO IZ 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) [State] Morel, 19 8 that I last saw the deceased and that death accurred at 4:40P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Slote)

24b. REGISTRAR'S SIGNATURE

BUREAU V. E.

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b.** COUNTY MARYLAND ALLEGANY ALLEGANY b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) CUMBERLAND. 2 DAYS CUMBERLAND d. NAME OF HOSPITAL ILL POT I d STREET ADDRESS e. IS RESIDENCE ON A FARM? 528 SCHLUND AVE. YES NO NAME OF First Middle 4. DATE Month Year LENA M. (Type or print) BENDER DEATH MARCH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 69 yrs. 5. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days APRIL 20.1888 FEMALE WHITE WIDOWED IT DIVORCED [ popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U-S-A-Musewife Own Rome Martinsburg 13. FATHER'S NAME MARTIN M. BROWN ELIZABETH BROWN 15 WAS DECEASED EVER IN S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 528 Schlünd Avenue (Yes, no. acuntnown) Edgar H. Bender, None Cumberland Maryland 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY PERFORMED? YES NO 20° ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not while at work a pt work . 1958, to May 8 1958, that I last saw the deceased 21. I certify that I attended the deceased from Feb and that death accurred at 7.30. M, from the causes and an the date stated above
ADDRESS (Street, city or town, state)
DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rose Hill Mausoleum Buria. Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) John J. Hafer, Cumberland, Maryland 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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THE STUNE STU

02611**CERTIFICATE OF DEATH** 2625 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Allegany Marvland Allegany b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)  ${ t Cumberland}$ Cumberland vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 929 Maryland Avenue 929 Maryland Avenue YES NO 14 3. NAME OF Middle 4. DATE Year DEATH March DECEASED (Type or print) AGNES MAREL BENNETT 17 58 19 5 SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH P. AGE (In years lost birthday) Months ! DIVORCED [7] WIDOWED | Female White Dec. 6.1900 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Reducing report of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Celanese Corp. Tunnelton, West Virginia USA PATHERSON 14 MOTHER'S MAIDEN NAME M. Conner Annie E. Shaver IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 926 Mary Paris Avenue  $N_{\alpha}$ Otis Lee Bennett Cumberland, Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Coclusion DUE TO Coronary Heart Disease 6 mo. Conditions, if ony, which ) gove rise to immediate DUE TO cotte (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? none YES NO 17 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) none 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg , etc.) Hour o. m. Not while at work at work p. m. 21. I certify that I attended the deceased from Decamber 31, 1957 March 17, 1955 that I last saw the deceased and that death occurred at 9.20P M, fram the causes and on the date stated above. glive on Lanch 17 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 140 Bedford St. March 19,1958 PHYSICIAN'S James P. Hallinan M. D. Cumberland, Maryland. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL\_(Specify) March 20, 1958 Rest Lawn Cemetery  $\mathbf{p}_{\mathbf{H}}\mathbf{rial}$ Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REGID OF REGISTRAR 246 REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BULLIY K. E.

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Divariable M

## **CERTIFICATE OF DEATH**

Rea. Dist. No.

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	PLACE OF DEATH a. COUNTY	A12		MARY	H	o. STATE	ence (Whe		lived. If institut b. COUNTY	Υ			on)
L	b. CITY OR TOWN (	Allegany (If autside corporate limits secrest town)	, write c. LE	NGTH OF STAY	IN 1b	c CITY OR 1	OWN (If ou	and carpor	rate limits, write		lega give near		)
Çı	umberland	TAL (If not in hospital, gir	ve street addres	1 mont	h	d STREET A	DDRESS		A	0		ON A	FARM?
	526 Be	all Street					172 Ba	altimo	ore Ave	nue		YES 🗍	NO 🔲
	NAME OF DECEASED (Type or print)	Find Bertha	Ann	Middle	nnet	Los 4		4. DATE OF DEATH;	March_	enth 6	Day		9 58
5.	SEX	6 COLOR OR RACE					1		9. AGE (In years	IF UNDER	RIYEAR	IF UNDER	R 24 HRS.
I	Female	W1.24	WIDOWED 📑			eb. 27			(gu birthday)	Months	Days	Hours	Min,
100	during most of wor	ON (Give kind of work di rking life, even if retired)	one 10b KIND	OF BUSINESS O	R INDUSTI	RY 11. BIRTHPL	ACE (State o	or foreign co	untry)	12. CI	TIZEN OI	F WHAT	COUNTRY
	PATHER'S NAME		Uwn	Home		Arter	MAIDEN N	Penns;	ylvania		UŞA		
	Jonatha	n Potts	3			Aman	ła	Purc	ell Beall A				
	WAS DECEASED EVI	ER IN U. S ARMED FORC	ES7 16. SOCIA	AL SECURITY NO	17 INF	ORMANT		526	Beall A	tmeet			
L	No	<u></u>	No	ne	Woo	drow B	nneti	t Cumb	erland,	Mary	Land		
		ATH [Enter only one country one country was CAUSED BY: IMMEDIATE CAUSE [a]		(a), (b), and (c).	,	411	r-c y					RVAL BET ET AND	
	Canditians, if												
	gave rise to cattle (a), stating lying cause last.	the under DUE TO											
NO		HER SIGNIFICANT CONE		BUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMIN	VAL DISEASE	E CONDITION G	VEN IN PAI	RT 1(a) 19	PERFOR	UTOPSY
3												YES 🔲	
CERTIFICATION		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	CCURRED.	(Enter nature a	Finjury in P	art I or Port	II af item 18.)				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m	RY Month, Day, Yeo		Nat while	20e. PLAC focto	E OF INJURY (	Home, farm, bldg., etc.)	20f (City	or town)	(	(County)		(State)
L	21. I certify t	hat I attended the	deceased fr	om.	house	7 19 <u>. 48</u>	, lo	Magnet	12 , 19 5	L,that I	last sa	w the	deceased
L	alive on	junct b	_, 12-38	, and that	death o	occurred at	- J	M, from	the causes	and an t	the dat	e state	d abave
	ACTUAL SIGNATURE	Ten J4	Ser.	~	M.	.D. ,		_	real, city ar lown		27	3/8/.	TE SIGNED
	PHYSICIAN'S NAME (Type)	Lee Lev IR	M.D.	,		4561	LCa	ntre.	St	herla	nd	Mars	-land
22	REMOVAL (Specify	ON, 226. DATE THEREO		NAME OF CEMI	ETERY OR	CREMATORY		22d. LOCAT	'ION (City, town,	or county)		(State	)
23	Burial FUNERAL DIRECTOR	Mar. 9		irview.	Chri	stian		Redf		nty.			<u>zania</u>
1		ofon Cumb						AR11	1 / \	الم الم			
6	John J. H	OTAM LIMbe	SMI ORd	Manage I n			AUIF AN			نيالباد " ۋ پ سم		~	

TO HOSPITAL OR AI may be retained by TO FUNERAL DIRE page 3 shauld be a the registrar priar to VS A15 (4) 15M 9/SS

death. Page 4

ATTENDING PHYSICIAN: The law mayines that the death certificate be executed within 24 hours offer

ottending physicion and completely filled in

# 13 DAI 198

RAM



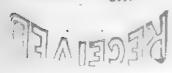
BULESUV 8.8



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02614 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission o. COUNTY Allegany **b** COUNTY MARYLAND Maryland Allegany b CITY OR TOWN (I outside corporate limit), write BURA, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) McCoole McCoole d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS SIRE IDEN F ON A FARMY Route 3 Keyser Route 3 Keyser YES NO M 3. NAME OF M. deffe 4 DATE Loss Month Year DECEASED (Type or print) ALVa Olen Rutts DEATH March 1958 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 6 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS ion birthday) Months . Hours Male White WIDOWED IT DIVORCED | 13 May 1907 50 100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or Foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working ite, even if retired; Carman Helper Baltimore Ohio R.R. Maryland pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James D. Butts Flora Murphy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 14 4950 Geneive Butts McCoole, Maryland 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] INTERVAL BELWEIN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Exsanguination Sudden **DUE TO** due to a gunshot wound right side of Conditions, if any, which gove rise to immediate couse DUE TO (0), stating the underlying face and neck self inflicted couse lost. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART HOLITY, WAS AUTOPS Y PERFORMED? NO X 200, EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED [Enter noture of migry in Fort I or Fort II of item 18 ) hereight with a 30 al rifle 204 INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f (City or lown) (County) (Stote) factory, street, office bldg , etc.) of work of work 21. I certify that I taak charge of the remains described above, held on Autopsy . Inspection XI; Inquiry X. and in my opin on death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ᇹ ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) H. V. Demmina DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION, 226 DATE THEREOF 72c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Queens Point 24 Mar.58 Keyser. Va. 70 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15ME 5M 2757 DATE



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03063 2691 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III ourside corporate limits, write Allegany c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) RURAL and give nearest town? Frasthurg Id fetime Vale Summit Box 358 d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Miner's Hospi ta YES NO K Frostburg Md NO T 3. NAME OF DECEASED 4. DATE Middle Lost OF DEATH Mary Ellen Chabot (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Davs Hours DIVORCED | WIDOWED | 70yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY Ovm Home Vale Summit Housework 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Thomas Cain Lopy WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Alaxanduia 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CI-KN DUE 10 Conditions, if ony, which ! gave rise to immediate **DUE TO** catte (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES I NOY 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Hour o. m. Not while While at work of work D. m. 21. I certify that I attended the deceased from. (LL 71, 1924), that I lost saw the deceased \_rand that death accurred ot 2 02/10, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buri al 4-3-T958 Michaells Cemetery Frosthung 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Funeral Home Frostburg, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND HAMPSHIRE b. CITY OR TOWN off outside corporate timits, write RickAc c LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) and give regresi town) CUMBERIAND, MD. 38 Days ROMNEY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RES DE IN ON A FARM? 100 MEMORIAL HOSPITAL YES NO 3. NAME OF Middin 4 DATE DECEASED (Type or print) TAVIS DEATH SUSAN M. MARCH 58 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH THUNDER TYEART IF UNDER 24 HRS INCK 97 Months Hours WIDOWED TO DIVORCED [7] DEDMATED 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE WEST VIRGINIA U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MELINDA PYLES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address MEMORIAL HOSPITAL. CUMBERLAND. MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN MYOCARDIAL FAILURE. ONSET AND DEAT . PART I. DEATH WAS CAUSED BY VASCULAR DISEASE IMMEDIATE CAUSE (a) ARTHUR TOS CLARIC OF TO DUF TO Conditions, if ony, which) dave rise to immediate couse DUE TO (a), stating the underlying couse fost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (6) 19, WAS AUTOPS PERFORMED? NO Y IMPACTED FRACTURE LEFT FEMUR AT SURGICAL NECK 200, EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Part H of Item 18.) PRIMARY G or CONTRIBUTING CAUSE OF DEATH. STITING IN CHARR, WENT TO STAND UP AND FELL TO THE FLOOR 20d INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 20f. (City or form) (County) Month, Day, Year factory, street, affice bldg , etc.) Feb. 16 19 58 of work at work ROMNEY. HAMPSHIRE VA. and in my P. C. apinion death resulted from: Natural causes 📆 Accident 🗍 Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL 으등 ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** DEPUTY MEDICAL EXAMINER 1 NAME (Type) V. DISMENCE. 22g. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Cemelere ADDRESS 24b/REGISTRAR'S SEGNATURE 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02616 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 5. COUNTY Allegany Md. MARYLAND Allegany 5. CITY OR TOWN I I extride corporate lights, write RITEA. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) off.a TOWN vrs Old Town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDEN I 1d STREET ADDRESS 800 ON A LARM? YES TO NO 🚇 3. NAME OF First Middle DATE Lest Month DECEASED OF DEATH Deffinbaugh George Dewey March (Type or print) 19 5. SEX 7 MARRIED NEVER MARRIED 4. COLOR OF RACE 8 DATE OF BIRTH 9 AGE His pages IF UNDER TYEAR IF UNDER 24 HES. out birthday) Months Davs male white WIDOWED T DIVORCED I 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working Life, even if ret red) U.S.A. Custodian-Old Town High School Old Town, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Elwood Deffinbaugh Keziah Wagner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (wife) Corinne S. Deffinbaugh, Old Town, Md 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) ] Sudden PART I DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (0) 420. DUE TO Coronary sclerosis Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOTIFE, WAS AUTOPSY PERFORMED? NOSE 200. EXTERNAL CAUSE WAS FRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Doy, Year 20f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) While ot work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry 7. 9 0 0 opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S H.V.Deming DEPUTY MEDICAL EXAMINER 1 March 21-1958 NAME (Type) 220, BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 27d LOCATION (City, town, or county) (Stole) ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE MAR 2 6 5M 2/57 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02619 2639 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived III institution. Residence before admission) · COUNTY filed o. STATE 5. COUNTY MARYLAND b. City OR TOWN (If Juttide corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits write RURAL find give nearest town (JRAL and gust negrest town) 32 d. NAME OF HOSPITAL (If not in hospital, give street address) . d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO L NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 19.5 5. SEX COLOR OR RACE NEVER MARRIED 9. AGE (In years lost birthday) 7. MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys O YES papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSKY during post of lygrking life (ven A) retired) BIRIHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY offer de 13. FATHER S NAME maye IS WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address yes, give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per limp for (o), (b), and (c) INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  $\mu\mu3x$ **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? 0 YES NO 17 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Slole) factory, street, office bldg., etc.) Hour o. m. While Not while at work 🗍 al work 🎬 p. m. ... 19 3, that I lost sow the deceased 21. I certify that I attended the deceased from olive on and that death occurred at M, from the couses and on the date stated above ADDRESS (Street, city or DATE SIGNED ACTUAL 019 PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR GREMATORY 22d LOCATION (City (Stote) Ö 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2631 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEP I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY files. Hea<sup>t</sup>lh. O STATE **b** COUNTY MARYLAND Allegany b. CITY OR TOWN III outside corporate limits, we a BURA. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CumberLand day Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS REMIDENCE ON A FARM? Memorial Hospital Grand Ave. YES 📋 NO 🙀 3. NAME OF DECEASED Middle DATE Month (Type or print) Al.va H. Duckworth 19 58 DEATH March 5. SEX 6 COLOR OR RACE 1. MARRIED NEVER MARRIED | 8 DATE OF BIRTH 9 AGE Un years IF UNDER TYEAR IF UNDER 24 HRS Months male WIDOWED T DIVORCED [] 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Attendent-Victor Cullen State Hospitak- Old Town. Md. Poge 12. CIT ZEN OF WHAT COUNTRY? Cullen State Hospitak- Old Town, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John. Thomas Duckworth Bessie Haugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Memorial Hospital records. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Lobar pneumonia(bilateral) about **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying couse fost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16119. WAS AUTOPS PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.1 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f, (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg , etc.) Hour o.m. While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy [8]. Inspection [8], Inquiry [7] opinion death resulted from. Natural couses 🕅. Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner OR ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER should be FUNERAL **EXAMINER'S** H.V. Deming M.D. DEPUTY MEDICAL EXAM NER March 23-1958 NAME (Type) 270. BURIAL CREMATION 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 3-25-58 Burial Oldtown Cemetery 0 Oldtown. 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. 5M 2157





**CERTIFICATE OF DEATH** 2693 Rea. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY **b.** COUNTY MARYLAND legany Marvland Allegany b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frostburg ros thurg d. NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Powell's YES NO X 50 Powell's Lane NAME OF First 4. DATE Middle (Type or print) Simeon DEATH Duckworth March 12th, 19 MARRIED TH NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Oct.5th.1884 Months Male White WIDOWED [ DIVORCED T 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret.-Md. State

Torest & Parks

Maryland 12 CITIZEN OF WHAT COUNTRY USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harrison Duckworth Mary Lavina Ross 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Howard Duckworth, Rt. 1, Frostburg, Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate **DUF TO** couse (a), stoling the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES INO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg , etc.) Hour a. m. Not while at work at work 21 | certify that I attended the deceased from 1950 that I last saw the deceased , and that death occurred at 2120 M. from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE W. Main St PHYSICIAN'S Frostburg C. Diehl, M. NAME (Type 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d LOCATION (City, town, or county) (State) F'bg.Memorial Park Frostburg Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE Joseph R. Durst, Frostburg, Md. VS A15 (4) DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2632 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH-DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission e. COUNTY Allegany b. COUNTY MARYLAND Md. Allegany b. CITY OR TOWN I'll ownide corporate timits, write RUFAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (13 outside corporate I mits, write RURAL and give nearest town) and give regrest town) Cumberland Cumberland d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S REU DENILE ON A FARM? 225 Columbia St. Sacred Heart Hospital YES NO NAME OF Middle Month DECEASED (Type or print) U1771am John DEATH Edwards March 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 3 B DATE OF BIRTH TEUNDER TYEAR IF UNDER 24 HE 9 AGE (In years Months Hours Min male white WIDOWED [7] DIVORCED T 100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Combis Frostburg, Md. U.S.A. 13, FATHER'S NAME 14 MOTHER'S MAIDEN NAME Walter Edwards Mandona Koontz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 220-10-1271(brother) Webster Edwards, Cumberland, Md. INTERVAL BETWEEN ONSET AND SEATH SUdden 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) 420.1 **DUE TO** Arteriosclerosis Conditions, it ony, which ] gove rise to immediate couse **DUF TO** (a), stating the underlying couse lost, PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED? NO F 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED TEnter nature of in very in Port For Port II of item 18.3 PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) lactory, street, office bldg., etc. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection k. Inquiry 14. opinion death resulted from: Natural causes 14. Accident ... Suicide . Hamicide . Undetermined monner DATE SIGNED EXAMINER'S NAME (Type) H.V.Deming M. DEPUTY MEDICAL EXAMINER TAMBER 3-1958 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 240 REC'D BY REGISTRAR STRAR S SIGNATUR VS. A15ME 5M 2757

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY files. Health, o STATE **b** COUNTY Allegany Md. Allegany MARYLAND b CITY OR TOWN III outs de corporere mile, - le PUPAL C LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 vrs Cumberland d. NAME OF HOSPITAL OR INSTITUTION. (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARMS 820 N. Mechanic St. 820 N.Mechanic St. YES NO 🖳 3. NAME OF Middle DATE DECEASED 58 Martin Luther Erwin (Type or print) DEATH 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH TIFUNDER TYEAR IF UNDER 24 HRS 9 AGE (In years Months I WIDOWED [7] DIVORCED T colored 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 112 CITIZEN OF WHAT COUNTRY? ed Janitor-N.G. Taylor Tin Flate Mill-Carterville, Georgia pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN N.U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (wife) Annie G. Erwin, Cumberland, Md. Sudden 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerosis Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying cause fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TOIL 19. WAS AUTOPSY PERFORMED? NO FT 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, affice bldg, etc.) While: Not while at work at wark p. m. 21. Leartify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry [\*] opinion death resulted from: Natural couses 👫 Accident 🗍, Suicide 🧻, Homicide 🧻, Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ā H.V.Deming M.D DEPUTY MEDICAL EXAMINER 内 March 22-1958 NAME (Type) 220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) (State) REMOVAL (Spec by) 2 Woodlaw N Cometery umberland 240. MEC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 246/REGISTRÁR'S SIGNATURE VS. ATSME Lumber LANd. MARYLAND 5M 2757

## BUREAU Y. S.



CERTIFICATE OF DEATH 2695 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY **b. COUNTY** legany Marvland Allegany b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Frostburg Frostburg d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 45 W. College Avenue College Avenue YES I NO I NAME OF Middle DECEASED MYERS) (Type or print)  $\mathbf{LTLY}$ FARRADY DEATH March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost hyshdoy) Months Days Hours 9-16-1879 WIDOWED KI DIVORCED | female white 775. 10a USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY housework U.S.A. home own 13. FATHER'S NAME Samuel Nancy Harden 17. ENFORMANT 16. SOCIAL SECURITY NO Address Mrs. Beulah Williamson, Frostburg, Md. none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]/ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Day, Year 20d, INJURY OCCURRED 20f (City or town) Not while (County) (Stote) factory, street, affice bldg., etc.) Hour g. m. While at work all work p. m. 192/1, that I last saw the deceased and that death accurred at 11.53 F.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL E. Main St. PHYSICIAN'S W. O. McLane, M. D NAME (Type) Frostburg. 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) F'bg. Memorial Park Frostburg. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) J. R. Durst. Frostburg, Md. DATE 15M 10/57



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  02626
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH UZUZUZU Reg. Dist. No.
HEALTH DEPT.	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
	Allegany Md. b. COUNTY Allegany
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest fown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Cumberland
is rect of the second of the s	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  4 H45 Baltimore Ave.  e is FEDety E ON A FARMA? YES IN OUR
delay he fune retain he State er deoff	3. NAME OF First Middle Lost 4. DATE Month Day Your DECEASED (Type or print) Argyle Twigg Flake DEATH March 25 19 58
to the officer	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In your lot builder) 4 AGE (In your lot builder) 4 AGE (In your lot builder)
4 3 m 4 3 m 5 0 0 m 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11ale   White   Widowed   Divorced   11av 18-1876   81 yr   Marie   Doys   Doys   Marie   Doys   Marie   Doys   Marie   Doys   Marie   Doys   Doy
Reti	ousual occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of foreign country)  Current reflection of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of foreign country)  Current reflection of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of foreign country)  Current reflection of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of foreign country)  Current reflection of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of foreign country)  Current reflection of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of foreign country)  Current reflection reflection of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote of foreign country)  Current reflection reflect
15 S S S 15	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
P P P P P P P P P P P P P P P P P P P	John T.Flake Martha North
₹.8 £.8 € € € € € € € € € € € € € € € € € € €	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY Address:  [16. NO. DE WINKHOWN]   [11 yes, gives wor or dotes of service]
	(daughter) Elizabeth H. du, Cumberland,
D D D D D D D D D D D D D D D D D D D	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  INSERVAL RESWEEN  UNSERVAL RESWEEN  UNSERVAL RESWEEN
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PART I. DEATH WAS CAUSED BY: liyocardial failure sudden
ffice from	Arteriosclerotic Heart disease.
2 8 0 jg	Conditions, if any, which gave rise to immediate cause (b)
o po	(o), stating the underlying DUE TO couse last.
icate shading is and Examinated as remains	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18)  CAUSE OF DEATH
Medic Medic Md ba	20a, EXTERNAL CAUSE WAS PRIMARY   gr CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED (Enter notute of injury in Port t or Port II of Item 18) CAUSE OF DEATH.
NER: The State of To by or to by	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)  Hour a, m p. m 19 of work at work
AMI	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry ., and in my
P P P P P P P P P P P P P P P P P P P	opinion death resulted from: Natural causes
EDICAL for	ACTUAL SIGNATURE A. U. D. Eming M. D. M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
<b>≨</b> 1 o . 5 '/	ASSISTANT MEDICAL EXAMINER
DEPUTY I should be FUNERAL	EXAMINER'S H. V. Deming M.D. DEPUTY MEDICAL EXAMINER EX arch 24-1958
Page Strict	220. BURIAL CREMATION 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
5 <sub>9 4</sub> 5 <sub>9</sub>	Burial Mar 26,1958 Pleasant Grove Heth . Cem Allegany County, Maryland
VS. ATSME	John J. Hafer, Cumberland, Maryland  ADDRESS  246 REC'D BY REGISTRAR 2 246 REGISTRAR S SIGNATURE  DATE MAR 2 7 '58
5M 2/57	DATE MARY 1 58 1 LANGE
	and the







John J. Hafer, Cumberland, Maryland

VS A15 (4) 15M 9/55

			0.	2	6	2	7
<u> -</u>	Dist.	No.				_	8
sie	dence	befor-	e od	mis	sion	)	П

	neg. bist, rec.
PLACE OF DEATH  o. COUNTY  Allegany  MARY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Cumberland 4 mos	Cumberland
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  a IS RESIDENCE ON A FARM?
404 Washinton Street	404 Washington Street YES NO
3. NAME OF DECEASED (Type or print) NELLIE WILSON	FOOTER 4. DATE Month Day Year DEATH March 6 19 58
5. SEX Pemale 6. COLOR OR RACE 7 MARRIED NEVER MARRIE	
WINTER WIDOWED DIVORCE	= [XD111 10, 1000 72
10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS O during most of working life, even if retired)	
Housewife Own Home	Cumberland, Maryland USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
D. Jones Wilson	Marie Josephine McCormick
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17 INFORMANT 404Add tashington Street
none	Mrs. Eleanor Murrill, Cumberland, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).	
PART I DEATH WAS FAIRED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE LETT V	entricular Failure 1 hr.
420.1 DUE TO	
Conditions, if any, which ) (b) Coronary Arter	riosclerosis ?
gave rise to immediate	
cusse (a), stating the unger-	7:1
lying couse lost ) (c) liyocardial	
CATIC	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of wark	20e. PLACE OF INJURY IHome, form, factory, street, affice bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from Jamus	ary 23 . 1958 , to March 6 , 19 58 that I lost saw the deceased
	death accurred at 10:30 M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE SAME	March 8, 1958
PHYSICIAN'S NAME (Type) Samuel M. Jacobson M.J	50 Pershing Street, Cumherland, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF   22c, NAME OF CEM	ETERY OR CREMATORY 22d. LOCATION (City, town, or county) (\$tate)
Burial March 6, 1958 Rose Hil	The state of the s
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
_	24g. REC'D BY REGISTEAR AND REGISTRAR'S SIGNATURE

DATE

2 .V CALLUE

I II AAN

FOR STAT	E		569fWED	ICAL EXAM	INER'S	CERTIFICA	TE OF DEA	TH Reg Di	UZUZX
IEALTH DE	PT.	1, 7	COUNTY Allegany		MARYLAND	2. USUAL RESIDENCE (		COUNTY	ance before admission)
of Health.			CITY OR TOWN (if out de corporate limits, write RU and give nearest layer).  Frostburg	2 Week	5		f outside corporate lin		
ed for	61	d	Miners Hospital	at in haspital, give street	oddress)	217 East	Main St		ON A FARM?
he fund e retain he Stat er deat		C	AME OF First SECASED  ype or print)  Genevi		rie	Grant	4 DATE OF DEATH	March March	14 19 58
d 3 to 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1 o			Cemale   white   w	_	RCED 🔲 ().	ct.2-1888	9. AGE 691 bort	haland I - I -	TYPEAR IF UNDER 24 HRS
Poge 1 and 1 and 2 hin 72 h		10a di	USUAL OCCUPATION (Give kind of work don trine most of working dife, even if retired) HOLLSEWITE	106 KIND OF BUSINES	S OR INDUSTR	11 BIRTHPLACE (Swife Eckha	or fareign country)		ZEN OF WHAT COUNTRY
M.S. W.S.		13,	FATHER'S NAME			14. MOTHER'S MAIDEN	· · · -	- · ·	
o b o o		16	Allen McDonald				Radigan		* N *
SEE I		(Yes.	WAS DECEASED EVER IN U. S. ARMED FORCE no. or unknown) NO If yes, give was or dotes of resvi	none		rogmant usband)Cha	rles S.G	rant, Fro	stburg, Md.
E SOS	/		18. CAUSE OF DEATH [Enfor only one cause : FART I DEATH WAS CAUSED BY:						ONTERVAL BLIWSEN
old a sit a			SU/X IMMEDIATE CAUSE (a) -	Cerebral	nemo:	rrhage(apc	plexy)		2 weeks
Affice Trock			Canditions, if ony, which }	Arterios	clero	sis			?
Pario P			gave rise to immediate couse					-	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			course lost (c)						
Offing Character of as ratio	_	₹ 0	PART II, OTHER SIGNIFICANT CONDIT					ION GIVEN IN PART	T I(a) 19, WAS AUTOPSY
Col	- 7	3		chanteric					YES 110 1
f Medi uld be unial,				lking to b	athro	om, had a s	troke, fe	ll to fl	red femur.
Chie sho			20c TIME OF INJURY Month, Day, Year Haur a.m.	20d INJURY OCCURRE	D 20e PLAC factor	E OF INJURY (Home, formy, street, office bldg , etc.	20f. (City or town)	(Cou	
mag ab	out	WE	7Feb. 28 19 5	Rot work of work	3	Home	i Frosth	urg. Alle	gany Md
10 P			21 I certify that I took charge a				y 🔲, Inspecto	on 🖳 / Inquir	y 🕟, and in my
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			opinion death resulted from. No	turat causes 💽,	Accident [	], Suicide 🔲,	Hamicide 🔲, 🦠	Undetermined n	nonner 🔲
<u>₹</u>			ACTUAL AT I	ring IM.	7	CHIEF MEDICAL C	a consider CD		DATE SIGNED
10 C	2		SIGNATURE / V - K 144	ung fil	<u> </u>	M D CHIEF MEDICAL ES	Bangill		
the by RAL	-		EXAMINER'S H. V. Deming M	.D.			EXAMINER Ma	rch 14_1	058
Shout TUNE its		220.	BURIAL CREMATION, 276. DATE THEREOF REMOVAL (Specify)	22c NAME OF C	EMETERY OR C		226. LOCATION (CI		(State)
9 4 5 9			Burial Mar 17,19	St. Am	brose (			own, Mary	
. A15ME	بشري		John J. Hafer, Cumbe		yland	DATEMA		6. REGISTRAR'S SIG	NATURE

MEI A DEIDE

BUREAU V. S.

The orange for

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRE R. After this certificate has been signed by the attending physician and completely filled in by the meral director, page 3 should be attached for use as the buriot-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filled with the registrar prior to buriot, cremation, or removal, and in any event within 72 haurs offer death.

	2697 A	CERTIFIC	ATÉ OF DE	ATH		Reg. Dist. No.	02631
PLACE OF DEATH o. COUNTY	monar.	MARYLAND	2. USUAL RESIDEN	CE (Where deceas	ed lived If instituti b. COUNTY	on Residence befo	
KUKAL and give ne					orate limits, write R	URAL and give ner	prest fown)
d. NAME OF HOSPITA OR INSTITUTION	AL (if not in hospital, give st	1	d. STREET ADDR	ESS			e. IS RESIDENCE
NAME OF	33 Park Ar	Zenue Middle			<del>Zenue</del>		YES NO
DECEASED (Type of print)	Wm . Q	middle G a	Losi Hall	4. DATE OF DEATI	Mor f 'Z	-	y Year 8 1958
SEX T/I	1111126 d	AARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH	OM	9 AGE (In years last birthday)	Months Days	
. USUAL OCCUPATIO		106. KIND OF BUSINESS OR IND	1 5-2-T8 SUSTRY 11. BIRTHPLACE	(State or foreign	60 yrs	12 CITIZEN C	F WHAT COUN
	ng life, even if retired)	Railroad		ensingt		П	S. A.
	Cyrus Hall		Unknow				
WAS DECEASED EVER	IN U. S ARMED FORCES?	16 SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
Ves	" Wer IT	212 12 843R	Mrs Wm C	Hall	33 Park	A an a Than	
18. CAUSE OF DEAT	4 in 100 and 1	er I ne for (a), (b), and (c)	/	1			ostbur RVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	broken	Menan	1		ONS	ET AND DEAM
Conditions, if an gove rise to im couse (a), stating the lying couse last.	mediate ( Out 70	Hypert o	replique	2		Se	gent
PART II. OTH		NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(0)	P WAS AUTOPS PERFORMED? YES TO NO
200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING () 20b.  I CAUSE OF DEATH AEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of inju	ıry in Part I or Pa	rt II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	W	hile Not while work at work	PLACE OF INJURY (Home factory, street, office bld	e, form, 20f (Cit g., etc.)	y or town)	(County)	(Stat
	it I attended the dec	eased from Nav :	26, 1958, to	Mar	1957	,that I last so	w the dares
[2]. I certify the						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·
alive an The	1/26 1	95B , and that dea	th accurred at 10	OGAM, fro	m the couses of	and on the dat	te stated abo
alive on MA	W26 ,1	95B , and that dea	th accurred at 10.	_	m the causes of systems or lown,		
. Small /	126 1	95B, and that dea	th accurred at 10.	_	and a		
alive on The	W26 WOM	95B, and that dear	th accurred at 10.	_	and a		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  D. BURIAL, CREMATION REMOVAL (Specify)	126 11 WOM	22c. NAME OF CEMETERY	M.D	ADORESS ()  A 24 ()  22d. UOCA	Organ, city or town,	store)	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  D. BURIAL, CREMATION REMOVAL (Specify)  Burial	26, 1 1001 1001 12b. DATE THEREOF 4-I-I958	22c. NAME OF CEMETERY  Prostburg  ADDRESS	or crematory  Memorial	ADORESS (1)  22d. UbCA  Plr Fro	ition (City town, or St burn a	state)  Or county)	DATE SIGN W3/ 938 (Stole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  D. BURIAL, CREMATION REMOVAL (Specify)	126 DATE THEREOF 4-I-1958	ZE. NAME OF CEMETERY  Frostburg	or crematory  Memorial	22d, UoCA Plr Fro	ition (City town, or St burn a	store)	DATE SIGNUTE / 938 (Stote)

S.V ULLEN

Item 3, Film G-227 4/11/58 CERTIFICATE OF DEATH 02632 Rea. Dist. No. director, filed\_with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY **b. COUNTY** MARYLAND ALLEGANY ALLEGANY b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
CUMBERLAND DAYS CUMBERLAND. d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE HOSPITAL 19 BOONE STREET YES NO KX NAME OF DECEASED First Middle Lost DATE Month Year EARL (Type or print) HANSROTE MARCH DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 9 AGE (In years ast birthdoy) Months Days MALE WHITE NOVEMBER WIDOWED | DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) Boilermaker B. & O. R.R.CO. WEST VIRGINIA U.S.A. carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN C. HANSROTE LAURA B. READER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND. MD. no 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🖾 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o. m Not while While of work of work p. m 21. I certify that I attended the deceased from ... 19\_\_\_\_that I last saw the deceased and that death accurred at 2:00 AM, fram the causes and an the date stated above. alive on. ACTUAL SIGNATURE DR. R.J. WILLIAMS PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 3-30-58 Rose Hill Cemetery Cumberland . Md . 24o, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. VS A15 [4] DATE MAR 3 1 15M 10/57

2 .V ULEAUS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MBDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. ALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution, Residence before admiss on a. COUNTY Allegany Md. **6. COUNTY** MARYLAND b. CITY OR TOWN III outs de corporate - mils, write #URAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) Lorantown rurall-Rural- Morantown d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) IS RUSIDEN ON A FACM? R.F.D.#2 Frostburg.Md. R.F.D.#2 Frostburg.Md YES NO 4 DATE DECEASED Henckel Edward March (Type or print) George DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH TIFUNDER TYPART IF UNDER 24 HRS 9 AGE (In years) Months WIDOWED DIVORCED T Male 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer U.S.A. Construction Morantown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Peter Henckel Emma C.Logsdon EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT 12-14-1621 (wife) Julia W. Henckel, Morantown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN sudden Coronary occlusion FART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Voronary sclerosis Conditions, if only, which gove size to immediate come DUE TO (a), stating the underlying cours tost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY () of CONTRIBUTING () CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 ) 20c. TIME OF INJURY Manth, Doy, Year 20c. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (State) factory, street, affice bldg., etc.) Not while al work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection R. Inquiry F. and in my O.S. opinion death resulted from. Natural causes 3, Accident 7, Suicide 7, Homicide 7, Undetermined monner M.D. CHIEF MEDICAL EXAMINER DATE SIGNED 05 shauld be for FUNERAL DIS r its designate ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER March 12-1958 H.V.Deming M.I NAME (Type) 720. BURIAL CREMATION, 726 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) St. Michael's Cemetery Frostburg. Md. O 23 FUNERAL DIRECTOR'S SIGNATURE 245 VEGISTRAR'S SIGNATURE 240 RECTO BY REGISTRAN VS. A15ME Frostburg, Md. Durst. 5M 2757

US VED END

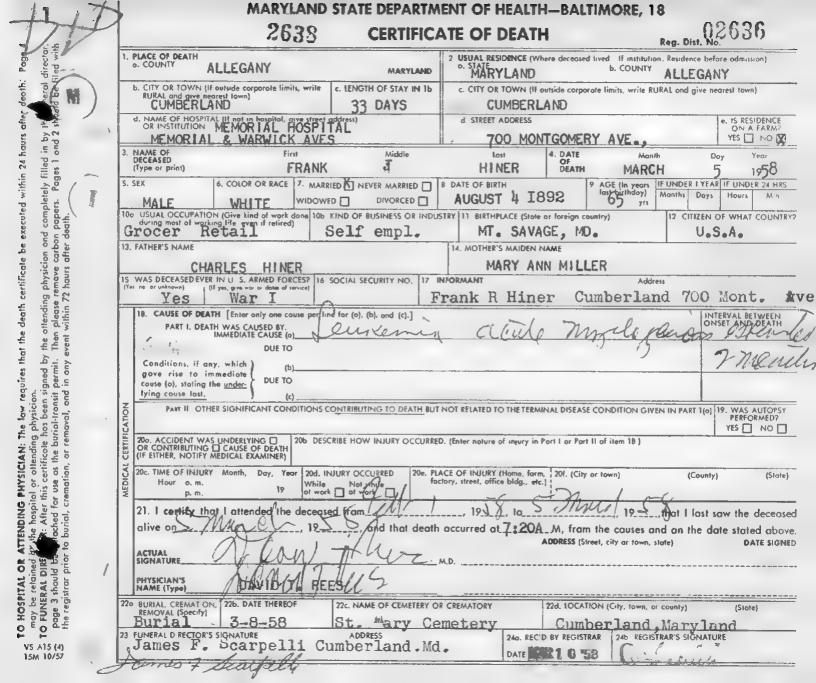


MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Reg. Dist. No. EALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived off institution Residence before admission) o. COUNTY Md. 6 COUNTY Allegany Allegany files. tealth, MARYLAND b. CITY Of TOWN (Foutside corporale limits, write #URAs C LENGTH OF STAY IN 16 c. CITY OR TOWN [ f outside corporate limits, write RURAL and give nearest town) and give negres! fown! Cresaptown Cresaptown d. NAME OF HOSPITAL OR INSTITUTION. (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENT ON A FARM Along Rt. # 220 Lat the Memorial Hospital YES NO TO 3. NAME OF M. della DATE DECEASED Joseph Hershberger Ira (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED THE NEVER MARRIED THE B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9 AGE this years. Months | white April 29-1916 100. USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Store or foreign country)

edit 7 OLLO 17 male WIDOWED [7] DIVORCED [ 12 CITIZEN OF WHAT COUNTRY? Cresaptown, Md. in army 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Hershberger Mary Elizabeth McKenzie 16 SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Address Yes Barnes, Cumberland, Md. Thomas sudden 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] per (left) Coronary osteal occlusion DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO sclerosis Coronary Conditions, if ony, which; gove rise to immediate cause DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? 200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Doy, Year 20f (City or town) (County) (Stote) factory, street, office bidg., etc.) of work of work 2) I certify that I tack charge of the remains described above, held an Autopsy [8]. Inspection [7], Inquiry [7] apinion death resulted fram. Natural causes 🤼 Accident 🗒 Suicide 🗍 Hamicide 🗍 Undetermined manner 5 <u>0</u> 0 DATE SIGNED CHIEF MEDICAL EXAMINER [7] 36 ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S H. V. Deming DEPUTY MEDICAL EXAMINER # March.1-1958 220 BURIAL CREMATION 276 DATE THEREOF 122c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) REMOVAL (Specify) St. Ambrose Cemeterv Cresaptown, Maryland 0 Burri a 1 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Cumberland, Hd. VS. A15ME 5M 2/57

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E W UNEAU



## BUREAU V. S.

The American

1	L	2649	CERTIFICA	TE OF DEATH	(	Reg. Dist. No.
A)	1.	PLACE OF DEATH O. COUNTY		o STATE	L COUNTY	on- Residence before admission)
_/	L	Allegany	MARYLAND	Mary	land b COUNTY	Allegany
		RURAL and give nearest town)	IGTH OF STAY IN 16		utside corporate limits, write R	*URAL and give nearest fown)
	_	d. NAME OF HOSPITAL (If not in haspital, give street address	2 weeks	× Oldtown	Md.	
, r)		OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	=	208 New Hampshire Ave.		RD 4	la a con	YES NO
		DECEASED	Middle	Lost	4. DATE Mor	rch 13 10 58
		IIGT AGT	Powers NEVER MARRIED	Hudson  B. DATE OF BIRTH	Ittica	IF UNDER 1 YEAR IF UNDER 24 HR
		Male White WIDOWED	DIVORCED	Oct. 12,18	P AGE (In years lost birthday)	Months Days Hours Min
	100	. USUAL OCCUPATION (Give kind of work done 10b KIND (		TRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNT
1		Tinplate Mill Mil	lwright	Levels.	W. Val.	USA
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N		
		Robert B. Hudson		Caroli	ne Boor	
	15. JYe	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. IF	FORMANT	Add	ress
		no	no W	ilbur M. Hu	dson, Cumber.	land, Md.
		18. CAUSE OF DEATH [Enter only one couse per line for (	), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ucrue	Trugoe	rerelator	2-40
		4-22. / DUE TO		13	11:4	
		Conditions, if ony, which (b) (b)	aur.	0 cress	ewing	2 are
		couse (a), stoting the <u>under-</u> lying couse lost.	lenera	clarases		
	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIL	RUING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION OR	VEN IN PART 1601 19 WAS AUTOPS
)	CERTIFICATION		33.	TO LEGICA TO THE ISLAND	THE PISCASE COMPINED OF	PERFORMED?
	FF.	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE H	OW INJURY OCCURRED	. (Enter nature of injury in P	ort I or Port II of item 18 )	I III HOE
	12	200. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE H OR CONTRIBUTING \( \) CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY ( Hour o. m. While N		CE OF INJURY (Home, form, lory, street, office bldg., etc.	20f (City or town)	(County) (State
	M. E.	Hour o. m. While N of work of		ory, area, ornee dieg., e.c.		
		21. I certify that I attended the deceased fro	m Wer 5	1957 10 3	con. 13 1957	that I last sow the decea
		olive on - 12. 1957	, and that death	occurred at IO: 05	PM, from the causes of	and on the date stated abo
		2 /	*	, 1	ADDRESS (Street, city or town,	slole) DATE SIGN
i		ACTUAL SIGNATURE Clear ?.	Jury	Cumber	land,Maryla	nd
Ž.		PHYSICIAN'S Clay E. Durrett				
	-					
	720	REMOVAL (Specify)	NAME OF CEMETERY OF		22d. LOCATION (City, lown,	2 250
	73		reenmount	Cemetery	Cumberlan  By REGISTRAR 246 REGIS	STRAR'S SIGNATURE
		James F. Scarpelli, (		202	1	J SIGNATURE
		Fames & Trackett	Jumpot Fall	THUE DAIE	AR 1 8 '58   PA	A see see

DELAN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02639 2698 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Filed o. STATE **b. COUNTY** MARYLAND Allegany llegany CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Frostburg Frostburg d, NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO T TO9 W. Main Miner's Hospital 3. NAME OF 4. DATE First Middle lost Month Year Day DECEASED OF DEATH (Type or print) 3 19 58 Jennie E. Hunt 26 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH P. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED | WIDOWED F 70 yrs. popers 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) U. S. A. Home Baltimore Md corbon Housework offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Hushes томе Newton 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Washington, D. Atte IYes, no or unknown' Webster 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES [ NO 😿 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOLLARS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) Hour g, m While Not while at work at work p. m. 1955 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2:05 M, from the causes and on the date stated above. ADDRESS (Street, city ACTUAL SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION OF (State) REMOVAL (Specify) Frostburg Md SIGNATURE VS A15 (4) 15M 10/S7

S.V UALLU.



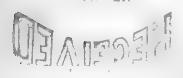


JAKEVA A. T



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Reg. Dist. N. 2643 **CERTIFICATE OF DEATH** 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY B **b.** COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) RURAL, NEAR CUMBERLAND RURAL, NERR CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) / d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Rt. 1. Cumberland umberland, Md. YES NO I NAME OF Middle 4. DATE Month Year DECEASED MARY MARTHA JANE DEATH (Type or print) KULLEY March 17, 1958 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH Days Months Hours DIVORCED [ Female White WIDOWED TH 96 Apr. 9. 1861 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? "ousewuife Qwn Home USA Fairhope, Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jo hn Boyer Catherine Jane Null 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No None George Kelley, Cumberland, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 40 0.0 **DUE TO** Conditions, If any, which gove rise to immediate **DUE TO** coese (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year (Stote) (County) factory, street, office bldg., etc.) Haur a.m. Not while at work of work p m. . 19) .that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 4 M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Louis Brings Greene St. Pumberland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial arch 19, 1968 Mt. Savage Meth. Cemetery Savage. Mt. "arvland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 John J. Hafer, Cumberland, Maryland DATE MAR 2 6

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Min	F-950	۰

uneral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death calificate be executed within 24 hours refer death; Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by page 3 should to be a so the buriof-transit permit. Then please remove corbon pages 1 and 2 should be filed with the registrar prior to buriaf, cremation, or removal, and in any event within 72 hours after death.

62

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2642 CERTIFICATE OF DEATH

Reg. Dist. No. 02644

PLACE OF DEATH     COUNTY			2 USUAL RESIDENCE (Wh		lf institution: Residence COUNTY	before admission)
Allegar	NY	MARYLAND	Maryland	<u> </u>	Alle	rany
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write great town)	e. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limit	s, write RURAL and gi	ve nearest town)
Gumber	and Md	5 days	Oc Cumberlan	d M.d.		
	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Sacred	Heart Hospital		28 Cumbo	rland St.		YES NO 📉
3. NAME OF DECEASED (Type or print)	First	Middle	lost	4. DATE OF DEATH	Month March	Day Year
5. SEX	Margareti 16. COLOR OR RACE 17. MARI	Mary	King  B. DATE OF BIRTH			YEAR IF UNDER 24 HRS
J. JER		RIED NEVER MARRIED		lost b	irthdoy) Months [	Poys Hours Min.
Female	White WIDOW		6/29/84	73	yrs.	
JDo. USUAL OCCUPATIO during most of worki	IN (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 13 BIRTHPLACE (Stole	or foreign country)	12. CITI2	EN OF WHAT COUNTRY?
Housewife	a me in the C	wn home	Marvla	nd Cumber	rland.	TSA
13. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME		
John Gea	1		Anna Cat	herine Ber	enand	
IS. WAS DECEASED EVER	IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17.	INFORMANT		Address	
(Yes, no, or unknown) (I	If yes, give war or dates of service)	None Mr	. John R. Kin	g Charlot	te. N. C.	
	=			P OLIVERY TALE	ic, n. o.	Laboration and the same of the
	TH [Enter only one couse per li					INTERVAL BETWEEN
	IMMEDIATE CAUSE (6) COL	ngestive Heart	Failure			24 hours
490 X	DUE TO					
Conditions, if on	ny, which ] (b) Pno	eumonia, left :	lower lobe			6 days
gove rise to in	nmediote (					
couse (o), sloting I lying couse lost,	he under-					
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	NAI DISEASE CONDI	TION GIVEN IN PART	TON TO WAS AUTOPSY
Hynert.	ensive and Art					PERFORMED2,
2 10 101 0						YES NO
THE BITHER, NOTIFY	S UNDERLYING   205 DES   CAUSE OF DEATH   MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D (Enler nature of injury in t	ort I or Port II or He	m 18 )	
20c. TIME OF INJURY Hour a. m.	Y Month, Doy, Year 20d. I	NJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form	. 20f. (City or town	) (Co	unty) (Stole)
Hour a.m.	White	Nat while	ictory, street, office bldg., etc.	) [		
			0/ 70 16	l- O	۲٥	
21. I certify the	at I attended the deceo					
alive on <u>Ma</u>	rch 2, 12	58, and that death	occurred at 1:15 I	M, from the c	ouses and on the	dote stated obove.
	$\sim$			ADDRESS (Street, city	or lown, state)	DATE SIGNED
ACTUAL SIGNATURE	want A. W.	James do	Mo. Algonquin	Hotel, Cu	mberland,	Maryland.
	7					
PHYSICIAN'S NAME (Type)	and Lagrean Mil					
220 BURIAL, CREMATION	N. 225. DATE THEREOF	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (Ci	ly, tawn, or county)	(State)
REMOVAL (Specify) Burial	3/5/58	S. S. Peter	& Paul's	Cumber1a	and. Marvla	and
23. FUNERAL DIRECTOR'S		ADDRESS			24b REGISTRAR'S SIGN	
		erland. Md.	DATE		0 /	
0.102.100			DATE #74	W D 38		
						terr of the

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DJA:

BUREAU V. S.

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02646
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT		Reg. Dist No.  PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived   If institution   Residence before admission)
2 2 2	Ĭ ľ	g. COUNTY
Health Health	<u> </u>	Allegany  MARYLAND  O. STAFE  Md.  b. COUNTY Allegany  b. CITY OR TOWN [If outside corporate limits, write RURAL ord give peorest fown]
Sor f		Cumberland 15 years Cumberland
5 g 19	'  -	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d STREET ADDRESS   I IS RET DENK
75 D.O.	A,	Scared Heart Hospital 13 Laing Ave
loy in orner take to the take	Ī	NAME OF First Middle lost 6 DATE Month Day Year
de Se		(Type or print) Robert James Lewis Death March 15 19 58
of the state of th	- 3	SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE IN years IF UNDER TYEAR IF UNDER 24 H
dd 33		male white wipowed to pivorced March 2-1882 76 yrs Months Days Heurs Min.
96 S 97 72 72 74 72 74 75 74 75 74 75 74 75 74 75 75 75 75 75 75 75 75 75 75 75 75 75	. 1	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNT
Tret ret	1	ed-Over head Crainman-M.G. Taylor Co Hollidaysburg, Pa. U.S.A.
S S S S S S S S S S S S S S S S S S S		13. FATHER'S NAME
Paris Paris		Thomas Lewis Unknown
Figure 7	-1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Addres Seymour St.
4 % E &	-	no none (son) Harry W. Lewis, Cumberland, Md.
ang Line		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  FART I DEATH WAS CAUSED BY:  Congestive heart failure
and		IMMEDIATE CAUSE (o)
in i		Chronic myocarditis
T SO to E		gove rise to immediate course (b) Emphy sema
Paris de la company de la comp		(e), stating the underlying DUE TO Arteriosclerosis ?
and		
SECTION OF	0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED?  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT
2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fort 1 or Fort H of Hom 18.)
A Me		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fort 1 or Fort H of item 18.)  CAUSE OF DEATH.
He He		20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State
2000		20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State factory, threel, office bldg., etc.)
Pog Printing		21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry . and in n
EX.		opinion death resulted fram: Natural couses . Accident . Suicide . Homicide . Undetermined manner
P		
Paris Paris	_ 1	SIGNATURE TO CHIEF MEDICAL EXAMINER [] DATE SIGNED
A Pre	2	ASSISTANT MEDICAL EXAMINER
de d		NAME (Type) H. V. Deming M.D. Deputy Medical Examiner # March 15-1958
Show Show Show Show Show Show Show Show		770. BURIAL, CREMATION, 276 DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
5 , 5 ,	-	Burial 3-18-58 Davis Memorial Park   Cumberland, Md.
VS A15ME		THE REGISTRAR STORMINE
5M 2/57		
		James 7. Ocarpelle

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ADDRESS

James F. Scarpelli, Cumberland, Md.

24a. RES

DATE

REGISTRAR'S SIGNATURE

- ► VS A1S (4) 15M 10/57 23 FUNERAL DIRECTOR'S SIGNATURE

DECENA V. S.

MARYLAND:	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE, 18	
2646	CERTIFICATE	OF DEATH		

0.0	
2646 CERTIFICATE OF DEATH Reg. Dist. No.	648

PLACE OF DEATH 6. COUNTY	LLEGANY		MARYL	- 11	USUAL RESIDE	ST VI	ere decease RGINI	tived if institu b. COUNT		nce before ad	lmission)
6. CITY OR TOWN (I RURAL and give ne CUMBER!	f outside corporate limi orest town) LAND	is, write	c. LENGTH OF STAY II	N 16		OWN (IF o	*	role limits, write	RURAL and	give nearest	town)
OR INSTITUTION	AL (If not in hospitol, g AL HOSPITAL	ive street a	ddress)		d STREET A	DDRESS				0	RESIDENCE IN A FARM? INO
3 NAME OF DECEASED (Type or print)	WILL		G. MAL	COLM	Lasi		4. DATE OF DEATH	MAF	RCH	l <sub>S</sub>	19 <sup>58</sup>
5 SEX MALE	WHITE	7. MARRIE		'닏ㅣ	JULY		83	9. AGE (In year last birthday)	Months		INDER 24 HRS Burs Min
100 USUAL OCCUPATION OF WORLD RETURN	ON (Give kind of work in a life, even if retired ED	done 10b. K	IND OF BUSINESS OR	INDUSTI		ACE (State VIRGI		auntry)		TIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME  JOHN MAL	COLM				14. MOTHER'S DEL	MAIDEN N					
15. WAS DECEASED EVE (Yes no or unknown) NO	R IN U. S. ARMED FOR lif yes, give wer or dates of s		OCIAL SECURITY NO		ORMANT MORTAL	HOSPI	TAL -	CUMBERI	AND,	MD.	
Canditions, if a gave rise to li- couse (a), stating lying cause last,	mmediate (		WHEN SHED ENTRIBUTING TO DEA	elte l	CHERTAL TO TO RELATED TO	l las. THE TERMIN	senla ulin	Aslas Aslas ECONDITION O	dea//	RT 1(a) 19. W	AS AUTOPSY REFORMED?
O THE BITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY OC	CURRED	(Enter nature of	l injury in f	Part I ar Par	t II of item 16.)		YES	NO
20c, TIME OF INJUR Haur a.m. p. m.	Y Manth, Day, Yes	or 20d. IN: While of work	Not while	PLAC focto	E OF INJURY () ry, street, office	lome, form bldg , etc.	, 20f. (City	or town)	/	(County)	(State)
21. I certify the alive on MACLAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	19_\$/ UALE	My Ky	death o	0. 1958 occurred at			the causes freet only or lay	and an I		the deceased tated abave DATE SIGNED
270 BURIAL, CREMATIO BURINDAN (Specify)	N, 226. DATE THEREC		224 NAME OF CEMEN				22d LOCA	TION (City, fown	or county)	(	(Stale)
23 FUNERAL DIRECTOR" W.W. Hels	_	kley	ADDRESS Springa	, W.	Va.	24a. REC'I DATE	D BY REGIST		SISTRAR'S SI	GNATURE	

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BULLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2700 Reg. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE **6 COUNTY** Filed MARYLAND Allegany Allegany eral LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give neorest town)
Westernport Yrs Westernport d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS . IS RESIDENCE 00 200 519 Md. Ave Md. Ave YES NO-E Dug. ç NAME OF DECEASED First Middle 4. DATE Month Doy Year (Type or print) Harry Roland McGowan DEATH Mar. 19 58 S. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Manths Days Hours Male White WIDOWED [ DIVORCED [ 4.1897 60 Oct. pap≡s. yes to usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if relired)
Locomotive Engineer Papaer Mill Piedmont, W. Va. U.S.A. ond ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert McGown Margaret Peck IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W.W. Yes Marv McGown Westernport. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND BEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 4.20.1 DUE TO ۉ permit. Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underpuo lying couse last. burial-transit (c) PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CATIO PERFORMED? YES 🗍 NO 📉 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f (City or tawn) (County) (Stote) factory, street, affice bldg., etc.1 Q. M. While Not while 19 at work at wark p. m. 1225, that I last saw the deceased 21. I certify that I attended the deceased from. å and that death accurred at 5.41 A.M. from the causes and an the date stated above. alive an 'n ADDRESS (Street, city or town/ state) DATE SIGNED AUTUAL RAL DIRE SIGNATURE PHYSICIAN'S NAME (Type) FUNERA 226 DATE THEREO 22c. NAME OF CEMFTERY OR CREMATORY BURIAL CREMATION. 22d LOCATION (City, tawn, or county) (State) page REMOVAL (Specify)
Burial Philos Cem Westernport 9

**ADDRESS** 

Westernport, Md.

240. REC'D BY REGISTRAR

APR 3

'58

246 REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/5S

23. EUNERAT DIRECTOR'S SIGNATURE

PULLUA 1973

PRITTINA

2701 CERTIFICATE OF DEATH Reg. Dist. No I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY 6 COUNTY Allegany MARYLAND Maryland Allegany b CiTY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest town) Frostburg Frostburg vrs. d NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Wood Street 138 Wood Street YES NO IX Ξ NAME OF 4. DATE First Middle Month Year DECEASED OF DEATH MARTHA (Type or print) MCMTLLAN March 10 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 SEX AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours female WIDOWED A DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) Housework home U.S.A. 0wnScotland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME James T Janet Scott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Timothy Fuller. Frostburg, Md. none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 20e PLACE OF INJURY (Hame, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slate) factory, street, affice bldg., etc.) Hour o m While Not while at work of work D. m. 21. I certify that I attended the deceased from 1928, that I last saw the deceased and that death accurred at 11.000 M, from the causes and on the date stated above ő DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S O. McLane. M. D. NAME (Type) FUNER 220 BURIAL CREMATION, 1 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 4-2-1958 Oak Hill Cemetery Lonaconing. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR VS A15 (4) Durst, Frostburg, Md. DATE 15M 10/57

BUTTAN K E.

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02653CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived - If institution; Residence before admission) O STATE COUNTY **b.** COUNTY ALLEGANY MARYLAND **ALLEGANY** CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) 4 DAYS CUMBERLAND CUMBERLAND. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1,3 MEMORIAL AVE. MEMORIAL HOSPITAL 720 R LAFAYETTE AVE. YES 🗍 NO 🖺 NAME OF Middle Month DECEASED CHARLES W. **MEEKS** (Type or print) DEATH MARCH 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 9/26/1875 Months: Days WHITE WIDOWED X DIVORCED | papers. 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Retired Tin Plate Mill Paw Paw U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVID MEEKS **LUCRETIA** FETTERS 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI Address NONE\_ IMEMORIAL HOSPITAL, CUMBERLAND, MD. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH Cerebral Hemontrage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 12 trown **DUE TO** arterioscheratic Cardio- pacenter disesse Conditions, if ony, which ] gave rise to immediate **DUE TO** couse (b), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Slale) Hour o. m. foctory, street, office bldg., etc.) Not while al work at work p. m 21. I certify that I attended the deceased from 2 m auch 1958, to 6 march, 19 58 that I last saw the deceased 6 In arch, 19 58, and that death accurred at L:25PMM, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) Stegmanin MD. 122 So Centre St, Cumberland some ACTUAL SIGNATURE 1 xx 50 Contr. St. Cumber long SteomajeR 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) 1958 Camp Hill Cemetery West Virginia Pa Paw. 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR John J. Hafer, Cumberland, Maryland 15M 10/57

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DECEMARY.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	2649 CERTIFICATE OF DEATH Reg. Dist. Non O CE A
	1. PLACE OF DEATH COUNTY ALLEGANY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before odmission) STATE WEST VIRGINIA b. COUNTY MINERAL
M	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give pearest town)  CUMBERLAND  16 DAYS  CETY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  KEYSER
2	d. NAME OF HOSPITAL (II not in hospital, give street address)  OR INSTITUTION AL HOSPITAL  ON A FARM?  YES IN NO II
	3. NAME OF DECEASED (Type or print) KAREN V. MERCER Lost Month Day Year DEATH MARCH 23 1958
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH    FEMALE   WHITE   WIDOWED   DIVORCED   MARCH 7, 1958   P. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Days   Min   Mi
	10a USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  WONE  12. CITIZEN OF WHAT COUNTRY  KEYSER, W.VA.  U.S.A.
die die	73. FATHER'S NAME FRANK MERCER EUNICE WILT
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown)   If yes, give wor or dates of service)   MEMORIAL HOSPITAL - CUMBERLAND, MD.
and in any event within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under- lying cause lost.  (c)  CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
,	PART II. OTHER SENTINCANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
	21. I certify that I attended the deceased from 1957, 1958 to 1958, that I last saw the deceased alive an 1958, and that death accurred at 12:38 AM, from the causes and on the date stated above
/	ACTUAL SIGNATURE COULD DR. LEWIS MOULD  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  DR. LEWIS MOULD
the registrar	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown, or county) (State)  REMOVAL (Specify)  PLULUS COMMENTS  240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
) 7	WH: Frederick for Predmin, War, DATE MAR 31 '58 Que requel

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9, Film 6327, 4/16/0 CERTIFICATE OF DEATH Reg. Dist. No. 02655 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE b. COUNTY g MARYLAND ATTEGANY MARYTAND LITTRYSANY b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 18 HOURS 70 CHMBERLAND SPRING GAP d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? SACRED HEART HOSPITAL YES NO 2 5 NAME OF DECEASED DATE First Middle Month Dov Year filled nes 1 c (Type or print) DEATH 1958 MARCH 27 RITRNS MILLER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BURTH AGE (In years lay bythday) Months Doys Hours Min. nd completion pagers. DIVORCED [7] WIDOWED [ MAY lst. REVALE **VIEWNED** 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, wen if retired) U.S.A. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME GRACE IRVIN T.ERT.EGA HURNS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SAME ADDRESS HUSBAND CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH JUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES THE TO CERTIFI 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c TIME OF INJURY Doy. PLACE OF INJURY (Home, form, 20f (City or lown) Month. Year 20d, INJURY OCCURRED (County) (State) Hour o. m. factory, street, office bldg., etc.) While Not while 19 of work of work D. M 21. I certify that I attended the deceased from. 19. 20 that I last saw the deceased alive on e 0 ACTUAL SIGNATURE RAL D should PHYSICIANS NAME (Type) O FUNERA poge 3 st 220. BURIAL, CREMATION, 226 DALL THEREOF 224 NAME OF CEMETERY OF CREMATORY 22d JOCATION (City (State) TREMOVAL ISPECI

**ADDRESS** 

240, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNIATURE

15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

BULLIU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2651 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND ALLEGANY b. CITY OR TOWN (if autside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) 2 DAYS PAW PAW. W.VA. d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE. NAME OF Middle 4. DATE Month DECE ASED (Type or print) BESSIE MORF LAND DEATH MARGH MRS. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF SIRTH 9 AGE (In years ligst birthday) IF UNDER 1 YEAR, IF UNDER 24 HRS. Months DIVORCED T FEMALE WIDOWED IT Ida USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife- Home GORE, VA. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ADEN CATLETT ETTA STOTIER STOTIER 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the undermarcel or 112 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office blda., etc.) G. m. While Not while at work of work p.m 19 that I last saw the deceased 21. I certify that I attended the deceased from \_\_, and that death occurred at 2:05PMM, from the causes and on the date stated above. **ACTUAL** SIGNATURE PHYSICIAN'S W.F. Williams NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22t NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Near Levels, W.

VS A15 (4) 15M 10/57

Oak Grove Cemetery

March 9.1958

23 FUNERAL DIRECTOR'S SIGNATURE

24g REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

(County)

02656

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> 19. WAS AUTOPS PERFORMED? YES NO P

> > (Stote)

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YES TO NO T

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1958

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	I	tem 18 F:	ilm 227	7 4-3-	-58 a 652	CERT	IFIC	ATE OF	DEATH			Reg. D		365	7
		PLACE OF DEATH	NY			MAI	YLAND	2. USUAL RES	RYLAND	e deceased	l lived If instit b. COUN			<b>od</b> missio	in)
	1	CITY OR TOWN RURAL and give i	nearest lown)	orote limits.	write c	LENGTH OF STA	Y IN 16	c CITY OR	CUMBER		rote limits, write	e RURAL and	give neare	st lown)	
**	,	or institution MEMOF	"^MEMOR"	PARWIE	SP IT	(5°.)		3L7	PEARL	ST.				IS RESIG	FARAA?
	- (	NAME OF DECEASED (Type or print)			RISTIA	Midd N	le		TZFELOT	6. DATE OF DEATH		ARCH L	Day		•5 <u>8</u>
	5 5	MALL	"WHI'T	v	VIDOWED		ED 🔲		894		9 AGE (In year lost bichdo)	Months		Hours	Min
		USUAL OCCUPAT during most of wo Retire	rking life, even	of work do- if retired)	<sup>h</sup> el	ly-Spri		0.14	PLACE (Stote of ARYLAND	_	walay) mberlai		TIZEN OF		OUNTRY?
	13	FATHER'S NAME	ONCCT A	40DTZE		e Co.			'S MAIDEN NA IZABETH	ME					
	15. (Yei	WAS DECEASED EV	ER IN U. S. AR (If yes, give work	MED FORCE		CIAL SECURITY N					317	g <mark>earl</mark> erland			and
		1B. CAUSE OF DE	ATH [Enter on ATH WAS CAU IMMEDIATE	SED BY	e per line t	for (0), (b), and (0)	).] ~~	Fails					INTER	VAL BET	WEEN DEATH
		Conditions, if		DUE TO (b)_	f	Jost - 0	Jee.	whie	- (ar	ldom	inal				
	ļ	gave rise to couse (a), stating lying couse last	the <u>under-</u>	DUE TO		Lay	200-0	tomy	<u>)                                    </u>						
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?  YES ON THE CONTRIBUTION OF THE													
		20g. ACCIDENT WOR CONTRIBUTING	G 🗔 CAUSE OI	F DEATH	Xb. DESCRI	BE HOW INJURY	OCCURRE	D (Enter noture	of injury in Po	rt I or Port	Il of item 18.)				
	MEDICAL	20c. TIME OF INJU Hour o.m. p.m.		Day, Year 19	20d. INJL While of work	Not while of work	20e. Pt fo	ACE OF INJURY ctory, street, offi	(Home, form, ce bldg., etc.)	20f (City	or town)	l	(County)		(Slote)
		21. I certify t	hat I attend	led the d	leceased		11	19-18	ta	117	-	Lithat F			
		alive on			, 1 <u>9 1 0</u>	, and the	it death	accurred a			the cause: reet, city or tov		the date	_	d abave TE SIGNEC
		ACTUAL SIGNATURE	Bes -	V- /	en	J~ .		м.о. <u>4</u>	N SL2	'. Cz	stre.	84.		3/19	9/58
		PHYSICIAN'S NAME (Type)		LEO F	LEY	<u> </u>			een-h	Ma	~( ,	Ind.	<u> </u>	/	,
		BUR AL, CREMATION REMOVAL (Specify	1)	E THEREOF		12c. NAME OF CE		_		_	ION (City tow			(Stole)	)
		unial FUNERAL DIRECTO	Marc Marc		1958	ADDRESS ADDRESS	t <u>"e</u>	morial	Park   240. REC'D		berland RAR 245 RE	d, Par Gistrar's si	ylanı Gyatyre	d	
	J	ohn J. H	afer, (	Cumber	cland	Maryl	and_		DATE MAR	2.6 15	19 (81	I less	uch		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) ISM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2654 CERTIFICATE OF DEAT

		いりつみ	CEKII	FICAI	E OF DE	Reg. D	g. Dist. No.								
1.	PLACE OF DEATH COUNTY ALLEGAN	7	MARY		USUAL RESIDENCE O STATE FARYT IND		eceated liv	ed. If institution b. COUNTY		nce bela RG A		ion)			
	RURAL and give ne		c. LENGTH OF STAY	IN \$b	c. CITY OR TOW		corporate	limits, write Rt				)			
	OR INSTITUTION	AL (If not in haspital, give street  HEART HOSTT	· ·	1	d. STREET ADDR	rESS						DENCE FARM?			
3. :	NAME OF DECEASED	First	Middle		Lost	4. (	ATE	Mon	lh	Do	Day Year				
	Type or print)	GFUE / FVE	CECEI		MYERS		DEATH	MAR C	-	10		19 58			
r I A	ALF	6 COLOR OR RACE 7- MAR			G. 13.19	01	1	AGE (In years last birthday)	Months	Days	Havrs	Min			
-1	during most of worki	N (Give kind of work done 10bing life, even if retired)		RINDUSTRY	11 BIRTHPLACE	(State or fo	reign count	(עי)	12. CI	TIZEN C	F WHAT	COUNTR			
	OTTOTAL FIELD		wn Home	- 1,	4 MOTHER'S MA			ia,Min	n	USA					
13.		TON /DOOR	1	['	4 WOLLER 2 WW	IDEM INWINE									
15.	HEYRY MIT	TITGAT (DECEAS		17. INFO	Honora RMANT	Mull	igan_	Addr	ess						
[Yes		If yes, give wor or dates of service)	3.7	ן יוים	S CHART										
	PART 1. DEA1	FH [Enter only one cause per I IH WAS CAUSED BY: IMMEDIATE CAUSE (a)	None ine for (a), (b), and (c) (interval		* 2 - 1						RVAL BE				
	Canditions, if on gave rise to in cause (a), stating to lying couse last.	nmediate (													
CERTIFICATION		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ON TUE HT	T RELATED TO THE	E TERMINAL I	DISEASE CO	ONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED?			
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING   20b. DE   CAUSE OF DEATH  MEDICAL EXAMINER;	SCRIBE HOW INJURY O	CCURRED (E	inter nature of inj	ury in Part 1	or Part II (	of item 18 )							
MEDICAL	20c TIME OF INJURY Haur o m. p. m.	White		20e. PLACE foctory	OF INJURY (Ham , street, affice bld	e, farm, 20 lg , etc )	lf. (City ar	town)		(Caunty)		(State)			
	21. I certify the	ot I attended the decea	~ .	death oc		45A M	, from tl	he causes a	ind an i		te state				
	ACTUAL SIGNATURE	LOD'T Try	7	M.D								4/4/			
L	PHYSICIAN'S NAME (Type) T.T.C	<u>) H. LIY. JR. Y</u>			156 M	יַה י <b>ונו</b> ים	PE_ST	. Cura	ERI.I	M, M	D				
1_	BUR AL, CREMATION REMOVAL (Specify) JTIAL	Nanch 12,195	22c. NAME OF CEME B Sunset					land,			(State	e)			
23	FUNERAL DIRECTOR'S		ADDRESS		240	. REC'D BY	REGISTRAR	24b. REGIS	TRAR'S SI	GNATU	RE				
J	ohn J. Ha	fer Cumberla	nd, Maryla	nd	DA	TE MAR	1 3 '58	3 000		P. 6	7				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MINESSE A FINE

02660 2656 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission COUNTY filed g. STATE **b.** COUNTY MARYLAND Allegany Allegany Mary Land b. CITY OR TOWN Ill outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 26 yrs. Cumberland Cumberland d NAME OF HOSPITAL ( f not in hospital, give street address) # STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Virginia 137 643 Hilltop Drive YES NO I NAME OF First Middle DATE Month Yeor DECEASED Marlow Orrison Mar. 1,58 (Type or print) Harry DEATH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) White WIDOWED | DIVORCED [ July 28,1882 75 100. US JAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY! death. during most of working life, even if retired) Appliance Store Frederick County, Md. USA Salesman bob 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles G. Orrison Unknown IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Glenn E. Orrison, Frederick, 214-05-5635 no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Coronary Occulsion minutes DUE TO Hypertensive Cardiovascular Disease Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the under-Arteriosclerosis Generalized lying couse lost. CATION PAIT 11 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 179, WAS AUTOPSY PERFORMED? YES NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20d. INJURY OCCURRED Doy, Year (County) (Slale) factory, street, office bldg., etc.) Hour o.m. Not while of work of work March 13, 19 58, that I last saw the deceased . 19 58, ta 21. I certify that I attended the deceased from \_\_\_\_ March 58 and that death accurred at 7 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) **ACTUAL**SIGNATURE 133 Virginia Ave. Cumberland, Md. should strof pr ä FUNERAL Diage 3 shoulthe registror PHYSICIAN'S March 14, 1958 Himmelwright Overten NAME (Type) 226. DATE THEREOF 220, BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Olivet Cemetery Buria Frederick ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland Md. VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Ī		2	265	CERT	IFIC.	ATE (	OF DE	ATH				Reg. Dis	t. No.		
	PLACE OF DEATH b. COUNTY	legany		MAI	YLAND		JAL RESIDEN	ice (ww			0.415.2994	ni Resideni Alleg		e admissi	on)
厂	b. CITY OR TOWN (If	outside corporate limi	h, write	c. LENGTH OF STA	Y IN 15	c (	CITY OR TOV	VN (If or	utside corpo	rote limits,				rest fown)	1/
	RURAL and give new Cumberlar	_		5 day	7.8	Cumberland									
	d. NAME OF HOSPITA		ive street			d	STREET ADD	RESS					•	. IS RESI	DENCE
		rt Hospita	1			1/42	8 Walr			ON A					
3.	NAME OF DECEASED	Fir	Midd	le		Lost		4. DATE		Mont	h	Day	Y	eor	
	DECEASED (Type or print)	Pau	11	Jennings			Ott		OF DEATH		3	/17/5	8	1	9
5.	SEX	6 COLOR OR RACE	7. MARI	RIED KNEVER MARI	RIED 🔲	B. DATE	OF BIRTH		9.	9. AGE (In	yeors	IF UNDER			
	Male	White	WIDOW	ED DIVORC	ED 🔲	9/3	0/1900	)		57	7 yrs.	Months	Doys	Hours	Min,
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11.	. BIRTHPLACE	E (Stote e	or foreign c	ountry)		12. CIT	ZEN O	WHAT	COUNTRY
	Trainman	ng life, even if retired	'	B.4.0. RR			West 1	'irg	inia ,	Teri	ra A	lta y	.S./	1.	
13.	FATHER'S NAME					14 M	OTHER'S MA	AIDEN N	AME						
		Charles Ot	t					Cox	ra R.	Nine	r				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY N	O. 17.	INFORMA	INT				Addr	<b>816</b>			
	No	t yet, give wor or cover or t	7	05-10-15	84	Pt	's cha	art.							
Г	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a). (b), and (a		<u> </u>								RVAL BET	
	PART I. DEAT	H WAS CAUSED BY:		WISAR	1-	NE	UMOI	VIA	R	UL,	RI	74	ONS	2_ <	as
	1	DUE TO							7				C	> -6	2
	Conditions, if ony, which ) 1NFLUENZA									0	-(0	242			
	gove rise to in		)												
	lying couse lost.														
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?														
CERTIFICATION	ARTE	18105CLE	1007	TO HER	RT	1)15	EASE	-	COR	ONAI	2	SCLE	7205	XES D	NO 🔲
H	20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAM NER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter	noture of in	ijery in P	ort I or Por	t II of clem	18)			1	
	(IF EITHER, NOTIFY	MEDICAL EXAM NER)	trans. w.4	wellings are	164° 960	wo.	and a second of	70	4-mp-1						
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED	20e Pl	LACE OF	INJURY IHON	ne form	201 (City	r or lown)			ounty)		(Slote)
MED	Hour o.m. p. m.	19	While of wor	k Ot work	1	2010137 3111	acr, orrico or	og, ac.	Ή						
ı	21. I sertify the	at I attended the	deceas	ed fram			19.46.	to	3/	17	1958	that I	last sa	w the	deceased
	alive an		. 195	7	at deatl	h accur	red at 12	2:25	a.M. from	n the co	Jer a	ite on the	he dot	e state	d abave
		10							ADDRESS (S						TE SIGNED
	ACTUAL SIGNATURE	Heline	la	ud		M.D	4	501	Dre	en	5	_		3/1	17/5
П	PHYSICIAN'S	5 6	111	FISMAI	1	111	)	/		0-8	TIR.	_/			
	NAME (Type)	0 0	70			191	<u></u>	46	un -						
220	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CE					22d LOCA				P	(Stote	1
-	Burial	3/20/58	}	Oakland	Ceme	eter				klan				-	
23.	John J. 1		mber	land, Md			"		D BY REGIST		1 .	TRAR'S SIC	- 4		

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## BUREAU V. L.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2658 CERTIFICATE OF DEATH Real Dist 0.2663

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	PLACE OF DEATH			MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE b. COUNTY									
	HITEG					Win	TAL TAL	I)		A.T.	TTO AN	TY			
1	CITY OR TOWN (If RURAL and give no	outside corporate limit prest town)	ı, write	c. LENGTH OF STAY	IN IP		OWN (If or	utside corpo	rote limits, write f	URAL ond	give near	ist fown]			
	UMBICET AND			3 Days		O 2 CIM	BERLA	MD							
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, gi	ve street	oddress)		d STREET A		ON A	FARM?						
	Saci	RED HEART B	T COL	TAT		8	YES 🔲	ио □Г							
3 1	NAME OF	Firs	1	Middle		Lost		4. DATE	Moi	nth	Day	Y	100		
3 NAME OF First DECEASED (Type or print) A TRE.				·		PTPRR		OF DEATH	1, 13		27	10			
5. 5	EX	6. COLOR OR RACE	7. MADO	IEON NEVER MARRIE		B. DATE OF BIRTH	4		9. AGE (In years	IF UNDER	D YEARD	FUNDER	24 HRS.		
	FEAF		WIDOW			Sept.29		3	lgst birthdoy) 74 yrs.	Months	Doys	Hours	Min.		
100	The state of the s	N (Give kind of work d	one 10b	KIND OF BUSINESS O					auntos)	12 CI	IZEN OF	WHAT	COUNTRY?		
	during most of works	ng life, even if retired)				11. 5001010					12211	*******	COUTTINET		
	Housewi	.fe	- 0	wn Home			W:	ichia	gan	TT	SA				
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME			क म्हें वर्तक व				
	Eri	M. Keny	on				El	la 7							
16		IN U. S. ARMED FORCE	-	SOCIAL SECURITY NO	17 1	VFORMANT			Add	Irosa					
(Yes	, no or unknown [ [[	Tyes, give wor or dates of se	rvice)	SOCIAL SECORIT NO	. [" "		- 1				37.2				
	No		81	2 01 932.	ТР.	Wm. E.	Pip	er	Cumber.	Lena	MC	•			
	III. CAUSE OF DEAT	TH [Enter only one cou	se per lo	ne for (o), (b), and (c).	1							YAL BET			
	PART I. DEAT	H WAS CAUSED BY:	7	111000	1 -	1					ONSE	T AND	DEATH		
		IMMEDIATE CAUSE (0)		100011	1/4						4	10	72		
	1150 A	DUE TO	- 0	, 1	1,	-	_	0							
	Conditions of on	u subjek Y	- 71	والمسالة	John Co.	Dul	Paking	rele.	100		Ty	6	1 4		
	gave rise to immediate (b)														
	couse (o), stoting t														
	lying couse lost.	) (c)													
Z	PART II. OTH	ER SIGNIFICANT COND	ITIONS O	ONTRIBUTING TO DE	THE BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR	T Hevi 19	WAS A	UTOPSY		
310	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en algitime att egite	///////////////////////////////////////	OTTIMO IN O IL	.,,,	TO RECORD TO	1116 1440900	AUT DI DEUG		* E14 114 1 7 W	1 100	PERFOR	MED?		
3												YES 🔲	NO 🔲		
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  IIF EITHER, NOTIFY MEDICAL EXAMINER)														
10															
Š	20c. TIME OF INJURY	Month, Doy, Yea	r 20d II	NJURY OCCURRED		ACE OF INJURY (			or town)	(1	County)		(State)		
60	Hour o.m.	19	While of wor	Not while	rex	tory, street, office	olog., erc.	1							
2	p. m							_i							
	21. I certify the	at I attended the	deceas	ed from		, 19	., ta		19	,that	last sav	w the c	deceased		
	alive an		19	, and that	denth	accurred at		M from	n the couses	and on t	he date	state	d above		
									lreet, city or Jown,		A	DA	TE CICALED		
	Y /	In .	2 //	11.			7 6	n d	illoer, city in joint,	J. Caller	11 1	7	5/		
	SIGNATURE	1 11/1	In	wolled		M.D.	.5 /	nei	rell-	deen	low.	12	11114		
		1 /1				-							1-7-		
	PHYSICIAN'S												/		
	NAME (Type)														
220	BURIAL, CREMATION	1. 226. DATE THEREO	F	22c. NAME OF CEM	TERY O	R CREMATORY		22d. LOCA	TION (City town,	or county)		(State)			
	REMOVAL (Specify)	3/24/19	58	Portlan	d C	emeterv		Port	tland		ichi				
	Burist	12/11/	,,,			<u></u>						_			
23	FUNERAL DIRECTOR'S		-	ADDRESS	0	7	24a. REG'S	PAY REGIST	PAR 26 REG	STRAR'S SH					
	Byron K:	ight	Ci	umberland	, M	a.	DATE	UV Z 4 3	00	nesu	uch				
	*				-		DATE								

S 'A AVELLE

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FOR S Rea, Dist. No Ttem 7) FilmG227 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission PLACE OF DEATH . COUNTY b COUNTY b. CITY OR TOWN III was c LENGTH OF STAY IN 16 ON A F PM? YES 🗍 NO 🔂 DATE Middle DECEASED (Type or print) DEATH 199 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS fast birthday) Months DIVORCED [7] 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSERY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Bone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 171 INFORMANT 18 CAUSE OF DEATH [Enter only one course per i ge for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (o) **PUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW NIURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) 20c. TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form i 20f. (City or fown) (County) (State) factory, street, office bldg , etc.) While Not while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection XI. opinion death resulted from: Natural causes [7], Accident . Suicide . Homicide . Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 🖂 DEPUTY MEDICAL EXAMINER 🖼 NAME (Type) 226 DATE THEREOF 220. BURIAL CREMATION 228 LOCATION (City. **ADDRESS** VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI Rea Dist. No. 2659 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hived. It institution. Residence before admission. o. COUNTY Allegany o STATE **b** COUNTY MARYLAND Allegany b CITY OR TOWN (If autside corporate limits, with RURAL ELENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporale limits, write RURAL and give nearest town) Cumber Land Vrs Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE Memorial Hospital ON A FARM? 310 Waverly Terrace YES TO NO TH 3. NAME OF Middle DECEASED Phillin (Type or print) Portmess DEATH March 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years tost brithdow) IF UNDER TYPAR! IF UNDER 24 HPS Months WIDOWED | male DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSHNESS OR INDUSTRY) II BIRTHPLACE (State or foreign country) during most of working life, even if retired)

PLOBERY

Clymbor and Ma 12. CITIZEN OF WHAT COUNTRY? B&O.R.Rv. Cumberland . Md . U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vernon E. Portmess Lear G. Weller 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 219-14-5886 (sister) & Memorial Hospital records. 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: Cerebral edema (marked) days IMMEDIATE CAUSE (a) 900.0 **DUE TO** Atelectasis of both lungs Canditions, if ony, which gave tise to immediate couse DUE TO (o), stoling the underlying couse lost. PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) over wall & down 5 concrete steps. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form. | 20f (City or town) (County) [Stote) Not white O foctory, street, off ce bldg., etc.) While about ot work of work Front of home i Cumberland Allegany Md. 21. I certify that I took charge of the remains described above, held an Autopsy 18, Inspection 18, Inquiry 18, opinion death resulted fram: Natural causes []. Accident []. Svicide [], Homicide [], Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) H.V.Deming M.D DEPUTY MEDICAL EXAMINER 1 March 21-1958 220. BURIAL CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Cumberland, Maryland Zion Memorial Park 2 ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240. MECIDAY REGISTRAR 246 REGISTRACS Ruth E. Silcox Cumberland, Maryland 5M 2/57 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02666 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give hedred town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give referest tow) Muan d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE NAME OF First Middle 4. DATE Year Last Month OF DEATH (Type or print) 19.5 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years SEX 6. COLOR OR RACE | 7. DATE OF BIRTH MARRIED T NEVER MARRIED thday) Months Days Houn WIDOWED IA DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Sigle or foreign country) 12 CITIZEN OF WHAT COUNTRY? Orring most of working tife, even if retired) lived pou 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17 Address CAUSE OF DEATH [Enter only one cause perfine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4-20.1 **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cotte (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 7 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Slote) factory, street, office bldg., etc.) Hour a. m. While Not white of work of work p. m. 🖄., 19.....,that I last saw the deceased 21. I certify that / attended the deceased fram. alive on \_ & M, from the causes and an the date stated above. \_\_\_ and that death accurred at \_\_\_ ADDRESS (Street, city of town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) REMOVAL (Specify 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 15M 9/55

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DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		COUNTY	Allegany		MARYLAND	2 USUAL RESIDENCE (V			ion: Residence Hamp			
Z *** \ \	b	and give hearest town	If outside corporate limits, will only	FUEAL	C. LENGTH OF STAY IN 16	c. CITY OF TOWN (II	•		RURAL and gi	ve neorest fown)		
M		Cumb	erland		3 weeks	Springfield						
	ď		laryland A		sital, give street address)	d STREET ADDRESS	_			e 15 RESID. ON A FA YES NO		
	0	AME OF ECEASED Type or print)	Hampton		Steven	Roach	4. DATE OF DEATH	Mar		7 19 5		
	<b>5</b> \$1	male	o. color or race white	7. MARRIE	D NEVER MARRIED   8	Jan. 9-1876	9. AG	E (In years buthday) 82 yrs	Months Do	EAR IF UNDER 24 ys Hours Min		
Reto	d.	USUAL OCCUPATION OF MORE	ng life, even i <u>f c</u> etired)		ind of Business or Indust Le Plant B&C		ield, W.			N OF WHAT COU $S.\Lambda.$		
7	13.	father's name Davi	.d Roach			Margare	t Orndo	rf				
		WAS DECEASED EV	/ER IN U. S. ARMED FO (If yes, give wor or dates of			aughter)Mr		Address	aylor	,Cumber		
			TH (Enlar only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Co	or (o). (b). end (c) ] oronary occl	usion				s udden		
		Conditions, if g	diote couse	S	clerotic hea	rt disease				8 yrs		
		(a), stating the	underlying DUE TO		rteriosclero		<del></del>			?		
	CERTIFICATION	PART III, OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVE	EN IN PART I	(e) 19. WAS AUTO PERFORMED YES NO		
	- ". II	200. EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH.	NTRIBUTING	b DESCRIBE	HOW INJURY OCCURRED (I	nler noture of injury in Por	f I or Part 11 of Hen	1B)				
	MEDICAL	20c. TIME OF INJU Hour e, m. p. m.	RY Month, Doy, Yes	While	Not while of work	CE OF INJURY (Home, form bry, street, office bldg., etc.	20f. (City or tov	rn)	(County	r) (Su		
		21. I certify I	hat I taak charge	of the r	emains described abo	ve, held an Autops	y 🔲, Inspec	tian 🕦,	Inquiry	<b>胚</b> , and in		
		apinian death	resulted from: 1	datural c	ouses 🕦 Accident	], Svicide [], I	Homicide 🔲,	Undeter	mined mo	nner 🔲		
		ACTUAL SIGNATURE	V.V. Der	vien	M. D.	M D. CHIEF MEDICAL E)				DATE SIGNE		
		EXAMINER'S HAME (Type)	H.V.Deming		•	ASSISTANT MEDICAL		arch	8-195	8		
		BURIAL CREMATOREMOVAL (Specify	3-10-58	F	22c NAME OF CEMETERY OR Springfiel		20 LOCATION (			(Stote)		
	23.	Shaffe		Home	e Romney, W.		R1 0 158	246. REGIS	TRAPS SIGNA	1		

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## CERTIFICATE OF DEATH

664

Reg. Dist. No....

	2004	Reg. Dist. Ro									
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED									
	COUNTY ALLEGANY MARYLAND	STATE MD COUNTY ALLEGANY									
	CITY (Il outsida corporata limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give naerost town) OR									
	TOWN CLIMBERLAND 2400 8 MOS	X TOWN CRESAPTO WN 1817									
\$	HOSPITAL OR INSTITUTION OR ALLEGANY CO. INFIRMARY STREET ADDRESS ALLEGANY CO. INFIRMARY	, STREET (If rural give location) ADDRESS Warriors Brive									
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yeer)									
	(Type or Print) SAMUEL LEVI Robi	BOW DEATH MAR 15 1958									
	S. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF										
	The state of the s	6. 21, 1866 91 422 yrs Months Days Hours Min.									
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
	Retified FARIMER Farm owner	Creanptown, Md. 22.5									
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	LEVI Robison	AMANDA Jackson									
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NRSCPEARL SHEPHERD									
	(Yes, no, or unk.) (If Yes, give wer or detes of service) None	CRESAPTOWN NID.									
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH									
	MAMEDIATE CAUSE (A) CHRCNIC MYOCARDITIS:										
	ANTECEDENT CAUSE(S) DUE TO	ARTERIOSCHEROSS ?									
	CIVING BISE TO THE ABOVE CAUSE	ARILRIOGERLROSD.									
	STATING UNDERLYING CAUSE LAST. DUE TO	NEPHRITIS ?									
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	DETERMIORATION ?									
	DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION 1995, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?									
5	175, MAJOR PRODINGS OF OPERATION	YES NO TO									
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bkg., etc.)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)									
		H. HOW DID INJURY OCCUR?									
	M. al work at work										
	22. I hereby certify that I attended the deceased from ALLE.	7, 1953, to MAR 15, 1955, that I last saw the deceased									
/ ]	alive on MAR, 19.50, and that death occurred at?	7.30 K.M., from the causes and on the date stated above.									
8		ADDRESS (Streat, city, fown, state) DATE SIGNED									
20	Diffueres E. 72 Cheau M.D.	49 TREENE ST. 5-15-56									
Ė V	23. BUKIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR (										
٦	Lurial 3-17-1858 Dawson Cemet	Day son, Lary Land 25. FUNERAL DIRECTOR'S SIGNATURE									
>	24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE NAME 1 7 '58										
	Time I a Contractor	Charles I Coords Coults of and Mil									

MSTRUCTIONS

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the registrar within 72 hours after death. After in by the funeral director, the third copy at

4 hours after death.

executed with

ertificate be

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. law requires that the death ay be retained by the hospital or attending physician. YSICIAN OR HOSPITAL: The The bottom cop

BURLLU V. S.



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S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	execute the certificity, writing the ward "pending" in pencif in Item, 18. Give Poges 1, 2, and 3 to the funeral director	4	TO FUNERAL DIRE. 38; Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Boars. Health,	or its designated agent. prior ta burial, cremation, or removal, and is any event within 72 hours after death
VS	A	15	ME	

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		26	DICA	LEXAMINE	₹'5	CERTI	FICA	E OF	DEATH	Reg. Di	a. A2	672
PLACE	OF DEATH		9 1.		Ī		SIDENCE (V	Vhere deceas	ed lived If ins	it-tulion Reside	nce before	odmission)
a. coc	// · · · · · · · · · · · · · · · · · ·	Allegany		MARYLAI	ND	o. STATE		Md.	b. COU	Al:	lega:	ny
b. city	or town (1) Umber 1	outside corporale limits, with and	• RURAL	35 yrs	1b	CITY OF		outside corp perla	porate limite, wi nd			
			If not in hos	pital, give street address)		d STREET					e	IS RESIDENT
2 S	outh I	errace				2 S	outh	Terr	ace		\	YES 🗍 NO
	OF SED or print)	Charle	S	Irvin		oby S	r.	4. DATE OF DEATH		iarch	24	19 58
. SEX			7. MARRI	ED 🕦 NEVER MARRIED					9 AGE (In years last birthday)			UNDER 24 HR
mal		white	WIDOWE			ept.1			57 r	75		
100 USUAL OCCUPATION (Give kind of work done 10b. No during most of norking life, even if refired) Machinast  E				and of Business or ind $8\&0.R.\mathbf{Ry}$ .	)USTR	Par	w Pav	or foreign o		S.A	VHAT COUNTR	
3. FATHI	R'S NAME			-		14 MOTHER'S						
		rly/ Roby					aggie	E.S	tickly	r .		
Yes	DECEASED EVE	R IN U. S ARMED FO		5001AL SECURITY NO. [17 05-05-4608			va Ro	by,C	${ t umberl}$		i.	
18. C	AUSE OF DEAT	H   Enter only one cou									िक्स	wint 6
PART I. DEATH WAS CAUSED BY. Cystic degeneration of brain(frontal lobe)												nthe
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Cone	ditions, if or		Cer	rebral edem	na	(mark	ed)					
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(o), stoting the underlying Coronary sclerosis									?			
Z Z	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	ONTR BUTING TO DEATH BE	UT NO	OY RELATED TO	THE TERMI	NAL DISEAS	CONDITION	GIVEN IN PARI		
Š.												PERFORMED?
20a. I PRIMA CAUS	EXTERNAL CAU	SE WAS TRIBUTING []	6 DESCRIBI	HOW INJURY OCCURRE	D (Ent	ter noture of it	njury in Par	l For Part II	of item 18 )			
=	TME OF INJUR Hour o.m. p. m.	Y Month, Day, Yes	While		PLACI factor	OF INJURY ( y, street, office	Home, form e bidg., etc.	207. (City	or lown)	(Cou	inty)	(Shate)
21.	certify th	at I look charge	of the i	emains described a	sbov	e, h <mark>eld</mark> an	Autops	y 📑, Ir	spection E	], Inquir	у 📑,	and in m
op'n	ion death	esulted from. I	Natural e	auses 🗷 . Accider	11 E	, Suicid	ie 🔲 , 🗆	Homicide	. Unde	etermined n	nanner	
		177	904									
SIGN	JAL JATURE	f. (1 1 21	nen	1 M.D.		M.D. CHIEF	MEDICAL EX	AMINER 🔲			D	ATE SIGNED
EVAL	MINER'S T					ASSISTA	ANT MEDIC	AL EXAMINE	R 🗀			
	E (Type)	V.Demin	g M.I	)		DEFUTY	MEDICAL	PRIMAKE	* Marc	h 25-	1958	
8EWG	AL, CREMATION DVAL (Specify)		)F	22c NAME OF CEMETERY					MON (City, tow			(State)
Bu	rial	3/27/58		Prostburg M	lem	orial l			stburg,			
	TAL DIRECTOR		haml or	nd. Maryland				D BY REGIST	1 1	G STRÁR'S SIC		
OTIGHT.	TOD ID	COL Se OTH	ncrial	id, naryrand			DATE N	MAR 3 1	30	00 4 1 - x00.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THAMESEN

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Cumberland, Md.

St. Patrick Cem.

1958

(Stole)

DATE SIGNED

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR DATE MAR 1 9 '58

Cumberland, ad.

24/ REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/SS

NAME (Type

220. BURIAL, CREMATION, 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kignt



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## BULLAN V. S.



ENLEVA A.

CEST & ARA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREALI V. S.

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			MARYL	AND	STATE DEP	ARTM	ENT OF F	IEALTH	-BALTIM	ORE, 18	()2	577
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9				ve street		serr.			rland			e. IS RESIDENCE ON A FARM?
	3 1					<u> </u>						YES NO
		Type or print)	Saral	h	Eliza	abeth			OF DEATH	Marc	h 14	19 58
									incl.	birthday) M		15 UNDER 24 HRS Hours Min
Ì		USUAL OCCUPATE	ON (Give kind of work d				TRY 11 BIRTHPI	LACE (State	or foreign country)			F WHAT COUNTRY
ŀ	13.		ic Work		eli Emp.	Loyec				•	USA	
	15.			ES? 16	SOCIAL SECURITY N	0 17 1		ria :	Spatz	Address		
	[Yes	ne. er unkrawn)	(if yes, give war or dates of se	rnce}	195-30-4	240 N		a Se	e, Cumb		, Md.	
4		PART I. DE	ATH WAS CAUSED BY.		ne far (a), (b), and (a	4-]					INTE	RVAL BETWEEN ET AND DEATH
			DUE TO		h							
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	MEDICA	20c. TIME OF INJU Hour a.m. P.m.	RY Month, Doy, Yea 19			20e. PLA foc	CE OF INJURY ( ory, street, office	Home, form, bldg., etc.	20f (City or tow	vn]	(County)	(State)
		ACTUAL		_, 19	, and the	ıt death		-	LDDRESS (Street, ci	ity or lown, stat	e)	e stated above DATE SIGNE
/		PHYSICIAN'S NAME (Type)	7.	\$	,	^	10		in the times are the time and the time and the times and the times and the times and the times and times a			
İ	220	BURIAL, CREMATIC REMOVAL (Specify BUT 13 1						l.				(Stole)
	23		'S SIGNATURE		ADDRESS							E
	)	3. I 100. 13. 15. I 100. 100. 100. 100. 100. 100. 100. 1	b. CITY OR TOWN RURAL ond give CUMDET d. NAME OF HOSP OR INSTITUTION 524 CO 3. NAME OF DECEASED (Type or print) 5 SEX Female 10a. USUAL OCCUPATI during most of we Domest 13. FATHER'S NAME Willi 15. WAS DECEASEDEV (Yes. me or withown) DO  18. CAUSE OF DE PART II. DE  42. A  Conditions, if gove rise to couse (o), stoting lying couse last OR CONTRIBUTION (IF EITHER, NOTIFY CONTRIBUTION (IF EITHER, NOTIFY CONTRIBUTION CONTRIBUTION (IF EITHER, NOTIFY CONTRIBUTION CONTRIBUTI	1. PLACE OF DEATH O. COUNTY Allegany b. C.IY OR TOWN (if outside corporate limit RURAL and give regarest town) CUMDET Land d. NAME OF HOSPITAL (if not in hospital, give regarest town) CUMDET Land d. NAME OF HOSPITAL (if not in hospital, give regarest town) 524 Columbia Av. 3. NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE Female 100. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) DOMESTIC WORK 13. FATHER'S NAME WILLIAM JUDY 15. WAS DECEASEDEVER IN U. S. ARMED FORCE (Yer, mp. or unknown) (if yea, give wor or dotes of see the course (a), stoting the underlying course last COMMENTATION CAUSE OF DEATH Lying course last COMMENTATION CAUSE OF DEATH LYING COURSE (a), stoting the underlying course (a), stoting the underlying course last COMMENTATION CAUSE OF DEATH LYING COURSE OF DEATH LYING CAUSE OF DEATH LYING COURSE OF DEATH LYING COURSE OF DEATH LYING COURSE LYING OF INJURY Month, Doy, Yea HOUR CAUSE LYING OF INJURY MONTH LYING OF INJURY LYING OF	1. PLACE OF DEATH O. COUNTY ANTEGRANY  b. C.TY OR TOWN (if outside corporate limits, write RURAL and give agarest town) Cumber Land d. NAME OF HOSPITAL (if not in hospital, give street OR INSTITUTION 524 Columbia Ave.  3. NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7. MARR Female White Widows 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC WORK  13. FATHER S NAME WILLIAM JUDY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes, mo or unindown) 17 PART I. DEATH (Enter only one cause per for PART I. DEATH WAS CAUSED BY. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 CONDITIONS (b) 17 PART II OTHER SIGNIFICANT CONDITIONS (c)  PART II OTHER SIGNIFICANT CONDITIONS (c)  PART II OTHER SIGNIFICANT CONDITIONS (c)  200 ACCIDENT WAS UNDERLYING (c)  PART II OTHER SIGNIFICANT CONDITIONS (c)  21 Certify that I attended the decease alive on 22 Conditions (c) 23 SURIAL CREMATION (C) 24 DEVIAL (REMATION) 25 BURIAL CREMATION (C) 26 BURIAL CREMATION (C) 27 BURIAL CREMATION (C) 28 DURIAL CREMATION (C) 29 BURIAL CREMATION (C) 20 BURIAL CREMATION (C) 20 BURIAL CREMATION (C) 21 STUNERAL DIRECTOR'S SIGNATURE  21 FUNERAL DIRECTOR'S SIGNATURE	1. PLACE OF DEATH O. COUNTY Allegany B. CITY OR TOWN (if outside corporate limits, write RUMDER Land Cumber Land 1 yes OR INSTITUTION 5.24 Columbia Ave  3. NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE Female White Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual occupation (Give kind of work done) 10b. Kind of Business Outsual Occupation (Give kind of work done) 10b. Kind of Business Outsual Occupation (Give kind of work done) 10b. Kind of Business Outsual Occupation (Give kind of work done) 10b. Kind of Business Outsual Occupation (Give kind of work done) 10b. Kind of Business 10b. Kind of Social Security No. 11b. Cause of Death (Enter only one couse per fine for (o), (b), ond (c) 12b. Acuse of Death (b) 12c. Cause of Death (b) 12c. Canditions, if only, which 12d. (c) 12d. MMEDIATE CAUSE (o) 12d. MMEDIATE CAUSE (o) 12d. MMEDIATE CAUSE (o) 12d. No. of Contribution (Give kind of work) 12d. Vor Course 12d. No. of Color (Give kind of work) 12d. Vor Course 12d. No. of Color (Give kind of work) 12d. Vor Course 12d. No. of Color (Give kind of work) 12d. Vor Course 12d. No. of Color (Give kind of work) 12d. Vor Course 12d. No. of Color (Give kind of work) 12d. Vor Course 12d. No. of Color (Give kind of work) 12d. Vor Course 12d. No. of	PART II OTHER SIGNIFICANT   CERTIFICA	PACE OF DEATH   C. COUNTY   C. COUNTY	PART   COUNTY   ANTICON   Continue   County	2670 CERTIFICATE OF DEATH  1. PLACE OF DEATH  2. CUNTY Allegany  D. COUNTY Allegany  D. CITY OR TOWN (if outhed corporate limit), write RURA to and give agreed from Cumber Land  D. CITY OR TOWN (if outhed corporate limit), write RURA to and give agreed from Cumber Land  d. NAME OF HOSTAIL (in outh hospital, give sheet address)  D. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital, give sheet address)  J. AMME OF HOSTAIL (in outh hospital)  J. AMME OF HOSPITAIL (in outh hospital)  J. AMME OF HOSTAIL (in outh hospital)  J. AMME OF HO	1. FLACE OF DEATH ALTERIANY  Alternative A	2670 CERTHICATE OF DEATH  Reg. Dist. No.   1. 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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH

9704

02679

1			61	14	951(11						Reg. Dist	. No.		
		PLACE OF DEATH				d lived. If institutions Residence before admission)								
	l '	o. COUNTY	legany		MARY	LAND	o STATE Ma	ryla	nd	b. COUNTY	Alle	gany		
		b. CITY OR TOWN (IF	outside corporate limits,	write	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						wn)	
		Frostbu	,		Lifeti	mi <b>G</b> r	11	tbur					·	
		d. NAME OF HOSPITA	L (if not in hospital, give	street c		110 99	d STREET A		<u> </u>			e IS R	ESIDENCE	
/		OR INSTITUTION	s Hospital	1			73.5	โกรรัก	g Str	reet		ON A FARMS.		
	3.	NAME OF	First	-	Middle	-	Lost		4, DATE	Mon	44.			
		DECEASED (Type or print)	Marv		Etta		Shime		OF DEATH	Mar		8th.	10 58	
	5. 5	SEX	6 COLOR OR RACE 7.	MARRI	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTH			9. AGE (In years		YEAR IF UN	DER 24 HRS	
	Ţ	Tema Ie	White w	IDOWE	DIVORCE	0 🔲	July 15	th.1	880	lost birthday)	Months [	Days Hours	Min	
1		USUAL OCCUPATION	N (Give kind of work doning life, even if retired)	ъе 10Б.	KIND OF BUSINESS C	RINDU				untry)	12. CITI2	EN OF WHA	T COUNTRY?	
	$)_{\rm H}$	ousewife	ng me, even ir iemeo)	OW	n Housew			USA						
_	13.	FATHER'S NAME				AME	, ODA							
		Lacy W	. Ross				Mador	na Mi	ller					
			IN U. S. ARMED FORCES	FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address										
	,		you, give war to delice or forve		None	Mı	s.Albe	rt Mi	ller	,73 Spr	ing S	st.,F'	bg.Mc	
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) ]													
PART I. DEATH WAS CAUSED BY arteriosclerotic Hypertensive Heart Description											ONSET AN	D DEATH		
		DUE TO												
		Conditions, if on	y, which ) (bl				0 •							
		gove rise to im couse (a), stating th	mediote [											
		lying couse lost.	(c)											
	N O	PART II. OTHI	R SIGNIFICANT CONDIT	HONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY	
	CATION												ORMED?	
	CERTIF	200 ACCIDENT WAS	UNDERLYING 20	b DESC	RIBE HOW INJURY O	CCURRE	D (Enter noture of	injury in Po	ort I or Port	II of item 18)				
		UF EITHER, NOTIFY A	MEDICAL EXAMINER											
	MEDICAL	20c. TIME OF INJURY Hour o. m	Month, Day, Year		JURY OCCUPRED	20e. PL	ACE OF INJURY (Fory, street, office	lome form,	20f. (City	or town)	(Co	ionly)	(Stole)	
	ME	p. m.	19	While of work	Nat while of work									
		21. I certify the	at I attended the de	ecease	d from 3/	26	1958	. to	3/28	19.57	that Lie	ist sow the	deceosed	
		alive on	3/28	12-5	and that	death	occurred at	7.401	M. from					
		<u> </u>	Oi -	7 /94	2 1/_					eet, city or town,			ATE SIGNED	
		SIGNATURE /	1 etwar	Mel.	st Eugh	0	M.D. 48	BROI	4DW1	Au				
1		Dilweigia ame			1					7				
		NAME (TYPE) MARTIN M. ROTHSTEN M.O. FROSTBURG-MO.												
	220	BURIAL, CREMATION	225 DATE THEREOF		22c. NAME OF CEM				22d. LOCATI	ION (City, lown, o	r county)	(Ste	ofe)	
	_	REMOYAL (Specify)	3-30-58	3	Oak Hil	1 C	emetery		Lo	naconir	ıg,	M	d.	
	23.	FUNERAL DIRECTOR'S		3-3	ADDRESS			24a. REC'D	BY REGISTR	RAR 245 REGIS	TRAR'S SIGI	NATURE		
		Joseph 1	R. Durst,	F'I	ostburg,	Md	•	DAMAR:	3 1 '58	Res-K	arie			

EMILYN A. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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7-1	7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	02681						
FOR ST	ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
HEALTH	DEPT.		Reg. Dis  Reg. Dis  12 USUAL ESSIDENCE (Where deceased lived. If institution less dan							
2 % 2 /	and the land		COUNTY D. STATE							
Page 1		-	Allegany Marstano Mo. Alle	egany						
	1113	`	lewel legioen and her	jive nearest town)						
Ma Common		H-,	Cumpertand 2 days Cumbertand  I NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) d. STREET ADDRESS							
ral di ed far e Boo	ž	L	Sacred Heart Hospital 400 Decatur St.	ON A FARM?						
delay e fune retair e Stat r deat			NAME OF DECEASED Burley Middle Showalter OF March	3 19 58						
ort orth		5. 5		YEAR IF UNDER 24 HRS						
F C C C F F F F F F F F F F F F F F F F	Þ.	m		ays Haurs Min.						
death. 2, and and 2 and 2		10o		EN OF WHAT COUNTR						
Se de la constante de la const		-	FATHER'S NAME I4 MOTHER'S MAIDEN NAME	****						
Poge Poge			Saul Showalter Ella Carr							
St. h. Sive form	<b>T</b> 1	15 [Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address.	-						
· · · · · · · · · · · · · · · · · · ·	1		yes WW LL 214-07-1927 Sacred Heart Hospital record	S.						
一番 できる			18. CAUSE OF DEATH [Enler only one cause per line for (a), (b) and (c) ]	INTERVAL BETWEEN						
ited there			PART   DEATH WAS CAUSED BY, Acute fatty liver	- Abassie 3						
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			58/,0 DUETO Complement and any (word) and	about 3 days.						
S S S S S S S S S S S S S S S S S S S			Conditions, if ony, which to immediate cause (b) Cerebral edema (marked)							
Sid to		(a), stating the underlying DUE TO								
Short Smir			couse fest. (c)							
f cate pendin tol Exc used o	d	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO						
Medical states		CERTIF	200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	-						
The Paris		3	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg, etc.)	ly) (State)						
Ne de la company		MEDI	Hour a.m.  White Not white factory, street, affice bldg, etc.)  p. m. 19 of work of work							
Pog Print			21. I certify that I taak charge of the remains described above, held an Autopsy 🗐, Inspection 🕦 Inquiry	<b>⋈</b> , and in my						
X Dec 8			opinian death resulted fram: Natural causes 🖟 . Accident 🔲 . Suicide 🔲 . Homicide 🔲 . Undetermined me	onner 🔲						
₹ £ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			1/1/2	DATE SIGNED						
For			SIGNATURE H. C. Somery M. DMO CHIEF MEDICAL EXAMINER []	DATE STONED						
A Ple	2		EXAMINER'S TI IT DOWN TO BE DE LE	r'O						
NER S de		22-	NAME (Type) H. V. Deming M. D. DEPUTY MEDICAL EXAMINER March. 3-19  BURIAL CREMATION. 226. DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, fown, or county)]	_						
A short	Α.	210	REMOVAL (Specify)	(Stole)						
5.5	2	23	Burial 3-5-1958 Zion Memorial Park Cumberland Ma FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1246. REC'D BY REGISTRAR 246. SEDISTRAR'S SIGN	ryland .						
VS. A15ME 5M 2-57	11x1		Ruth E. Silcox Cumberland, Maryland DATE MAR 8 38	ich						
W-11- B- W7	1 7	L	SATON COMPLETERE MAILAINING INC.							

R. V. Dan thu



1.	4			MARYLAND	STATE DEPARTME	NT OF HEALTH	H-BALTIMORE, 18	
FOR S1	TATE				AL EXAMINER'S	CERTIFICAT		02682
HEALTH	DEPT	1,	PLACE OF DEATH	2674		2 USUAL RESIDENCE (M	There deceased lived If institution	
Poge files.	m	_		Allegany	MARYLAND	o. STATE Md.	b. COUNTY	Allegany
He He			Cumber	h de corporate broits, write RURAL	36 yrs	c. CITY OR TOWN (IF	outside corporate limits, write RURA Pland	AL and give nearest town)
dir.	91			OR INSTITUTION (If not in he		d STREET ADDRESS		ON A FARM?
Federal H.	D.O.	<u> </u>		art Hospital		/ 116 Bla	ul Ave	YES NO 🛅
y delay he fun e retail he Stat er deat		3.	NAME OF DECEASED (Type or print)	Claude	Brooks	Smith	4. DATE Month DEATH March	15 19 58
if an may b with 1		5.	male	white widowi	IED NIVORCED DIVORCED	DATE OF BIRTH July 15-18	lost birthday)	NDER IYEAR IF UNDER 24 HRS
400 G G G G G G G G G G G G G G G G G G	-	10	a. USUAL OCCUPATION	(Give kind of work done 10b	KIND OF BUSINESS OR INDUST		or foreign country)	2. CITIZEN OF WHAT COUNTRY?
1 - 1 - 1 - 1 = 1 = 1 = 1 = 1 = 1 = 1 =	1		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	an helper Ce	lanese Corp.	Rainsbu	- all all all all all all all all all al	U.S.A.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	1	i. Father's Name E <b>rvi</b> n	C.Smith		Annie S	loan Cobbler	
A hot of a line					SOCIAL SECURITY NO 17, #	IFORMANT	Address	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'		no	2	214-07-0577 (w	ife)Violet	Smith Cumberl	and, Md.
m. 18 m. 18 m. 18 mg v perm nd fin				Enter only one couse per line WAS CAUSED BY				INTERVAL BETWEEN
a tree of a side			1A C) = 4	IMEDIATE CAUSE (6)	oronary occl	usion		sudden
SCITION OF THE PARTY OF THE PAR			Conditions, if any	. which) (b) C	oronary scle	rosis with	angina syndro	me one week.
of participants			gove rise to immedia (a), stating the un	ite couse	<del></del>			-
Show of the officers		١.,	couse fost.	(c)	CASIT DIBITITISIS TO DI AVID BUT S	OT BE ATEN TO THE TERM	NAL DISEASE CONDITION GIVEN IN	
Ficate pendin cal Exc used a		CATION			ONINGUING TO DEATH BUT N	OT RELATED TO THE TERMI	nal disease condition given if	PERFORMED? YES NO P
Medic Medic Medic Medic Medic		Csence	200. EXTERNAL CAUSE PRIMARY   or CONT CAUSE OF DEATH.	RIBUTING   206 DESCRI	BE HOW INJURY OCCURRED (E	nter noture of injury in Parl	Lor Port 11 of stem 18.)	
Chief Chief Short To be		1471032	20c. TIME OF INJURY Hour o. m.		INJURY OCCURRED 20th PLACE Factor of work	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or town)	(County) (State)
Titing of the pride		3				ve, held an Autops	y □, Inspection 🗷, In	equiry T and in my
SR: 6							lamicide . Undetermin	· · · · · · · · · · · · · · · · · · ·
	,		ACTUAL A	1/2	2013		4000	DATE SIGNED
Cert Cert For DIR	the state of the s	,	SIGNATURE	1. Domery	y MA	M.D. CHIEF MEDICAL EX		
TY The The Id by KAR	ń	1	EXAMINER'S NAME (Type)	.V.Deming M.	D.		EXAMINER  March 15	1-1958
Short Str		2	BURIAL, CREMATION REMOVAL (Specify)	7226 DATE THEREOF	22c NAME OF CEMETERY OR		22d LOCATION (City, fown, or cou	
5 , 4 5 ,	**	2	Burial FUNERAL DIRECTOR'S	· -	ADDRESS	Memorial Ga	rdens, Cumber	land Md.
VS. A15ME 5M 2/57	,		James F.	Scarpelli,	Cumberland, 1	Md. DATE	AR 1 8 58   Grad	Arrela
			of mes	T. Dageel.	C		00011-	

BULLIU V. S.

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62683 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY **b** COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND DAYS CUMBERLAND d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE HUMBIRD STREET YES NO MEMORIAL HOSPITAL NAME OF DECEASED First 4. DATE Middle Month Year (Type or print) MARCH DEATH LAURA SMIT 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS out birthdoy) 28 Months Days Hours MAY WHITE WIDOWED TX DIVORCED [7] FEMALE popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (1), BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. AMERICA WEST VIRGINIA Mome. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SUSAN PRATT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INSORMANT Address MEMORIAL HOSPITAL CUMBERLAND. MD. NONE NO 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (c) means DUE TO Conditions, if ony, which [b] gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 71. 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port It of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) Hour om While Not while of work of work p. m 21. I certify that I attended the deceased from 1957, that I last saw the deceased M. fram the causes and an the date stated above. and that death accurred at \_\_\_ ADDRESS (Street, city or town, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22b DATE THEREOF SMOVAL (Spec ff) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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- 1		MARY	LAND STA	ATE DEPARTM	ENT OF HE	ALTH-BAL	TIMORE, 1	8 '	-
		, 2	705 Item	CERTIFIC	TE OF DE	ÀTH		Reg. Dist. No.	2684
) [i	PLACE OF DEATH				2. USUAL RESIDEN	<b>4CE</b> (Where decease	d lived If institution	Residence before	odmission)
/  -	Alle	gany		MARYLAND	Md.		P COUNTY	AY7 At Istal	
	b CITY OR TOWN (If or RURAL and give nears	uts de corporate l'im est town)	its, write   c. LEI	NGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	rote limits, write RU	RAL ond give neare	st town)
	Frostb	urg		20 yrs.		imore		34	1.4
7	OR INSTITUTION		•		d STREET ADD	RESS			ON A FARM?
-		iner's				coscinon			YES NO
13	NAME OF DECEASED (Type or print)		rst	Middle	Lost	4 DATE OF DEATH	Mont	Doy	Yeor
5		VARY	7 44400000	W	Smith  B DATE OF BIRTH	DEATH	3 ACE #2	FUNDER I YEAR TE	1978
	-	TAR.	MIDOMED 1	NEVER MARRIED	s. DATE OF BIRES		lost birthdoy)		lours Min
\	O USUAL OCCUPATION	(Give kind of work	10,000		STOP OF STREET	1932	26 yrs	12 CITIZEN OF	WHAT COUNTRY
71	during most of working	life, even if relired	0				,,	12 CHILLING	WINE COUNTRY
13	HOUSOW	ork	Uwn	Home	Helia Hother's Ma		•	I U.S.	Λ.
			0 1						
13	. WAS DECEASED EVER IN	OMAS J	CES? 16. SOCIA		Dorth	y A. Ch	ambers Addre	15	
F	(es, no, or unknown) (if y	n, give war ar dates of	PT7	28 9 <b>125</b> ir	- m2	T 0	1 371		24.2
=	18. CAUSE OF DEATH	Enter only one co			s. Thos.	Unic	ter Mt	Savage	AL BETWEEN
	PART 1 DEATH	WAS CAUSED BY:		M.	defis			ONSET	AND DEATH
اار	490× "	DUE TO	)						377
	Conditions, if ony,	which ) a	101	AR PRI	conovi	in:		2	Laus
$\perp$	gove rise to Imm couse (a), stating the	ediate (							
	lying couse lost	— ) (i							
2	PART II. OTHER	SIGNIFICANT CON	DITIONS CONTRA	BUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIVE	N IN PART 1(b) 19.	WAS AUTOPSY PERFORMED?
SCATION NO.		C1/23	515 - )	THERTA	<u> </u>				ES NO A
21207		NDERLYING A	206 DESCRIBE I	OW INJURY OCCURRE	D. (Enter nature of in	jury in Port I or Por	I ti of stem 18.)		
	20c. TIME OF INJURY Hour e, m.	Month, Day, Ye		OCCURRED 20e. PL	ACE OF INJURY (Horatory, street, office bi	ne, form, 20f (City dg., etc.)	or town)	(County)	(Stole)
MEDI	p. m,	19		t work		9			
	21. I certify that	I gittended the	deceased fro	am. 3/34	r , 1958,	10 3/30	1958	that I last saw	the decease
	alive on	130	12 <u>58</u>	_, and that death	occurred at	& A.M. from	n the causes ar	d an the date	stated abave
	ACTUAL CONTRACTOR	7 // /	200			ADDRESS (S	lreel, city or lown, si	cie)	DATE SIGNE
a l	ACTUAL SIGNATURE	ppn("	Mer	eer	MD	3/ E	//4/	KI	1/1/3
	PHYSICIAN'S NAME (Type)	hol.	Red	ens		FROST	SURG	1716	
2.	O. BURIAL, CREMATION, REMOVAL (Specify)	226 DATE THEREC		NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, lawn, or	county)	(Stole)
-	Dund of	4-2-I9		. Michael	Is Cemp		sthurg	1 1	Md.
23	. runerat directors si Hat er Lyne	cal Hom	e Frê	ostburg, I	1U. 6	o, REC'Ď BY REGIST	PAR 246 REGIST	HAR'S SIGNATURE	
	11.17.17	alten	2/4		D/	ATE EST TO			
	4		1 11						

BUNEAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. FALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) B. COUNTY Health, b. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (If outside corporate I mits, write EURAL c LENGTH OF STAY IN 16 運 c. CITY OR TOWN (If outside corporate limits, write RURA), and a ve nearest town) and after repress towns Days Cresantown Cresaptown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Winchester Road YES NO Y Winchester Road 3. NAME OF Middle Manth Year DECEASED (Type or print) Edward DEATH Samue 1 Snyder March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III years IF UNDER LYEAR IF UNDER 24 HRS test berthdoy) Months, Doys Hours WIDOWED A DIVORCED [ White March 23, 1871 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. K ND OF BUSINESS OR INDUSTRY 11. 8 RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? and during most of working life, even if retired) Actired Tinner Tin Plate Mill Millstone Point, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Snyder **E**nsan McCarty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war at dates of service) lirs. Lucy Helbig Spanish Am. None Cresaptown, Ild. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BELWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (a) Gradual 1450.0 **DUE TO** Arterio-sclerotic Heart Diease Conditions, if any, which Approx. 6 No. gave rise to immediate cause DUE TO (a), stoling the underlying Cerebral Hemorrhage (Apoplexy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? 61 YES 🔲 NO 🙀 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part It of item 18) 200 EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY [Home, form, 20f. (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stole) factory, street, office bldg., etc.) Nat while al work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection [8]. Inquiry R. opinion deoth resulted from- Notural causes [점]. Accident [기]. Suicide . Homicide . Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER FA March 26. NAME (Type) Dr. H. V. Deming 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220- BURIAL CREMATION 22d LOCATION (City, lown, or county) REMOVAL (Specify) 70 River View Cemetery Buri al Hancock 23. FUNERAL D RECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246. RECHSTRAR É SIGNATURE VS. ATSME MAB 3 1 George Cumberland, Md. 5M 2/57 DATE

DISTANTED V. S.

02686 **CERTIFICATE OF DEATH** 2676 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution. Residence before admission) o. COUNTY ALLEGANY MARYLAND b. COUNTY eq ALLEGANY MARYI AND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CUMBERLAND CUMBERLAND. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE OR INSTITUTION 60 119 BEDFORD ST. YES NO TH MEMORIAL HOSPITAL NAME OF First Middle 4. DATE Month Yeor DECEASED STANGLE A NNA (Type or print) DEATH MARCH 16 19 58 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF SIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HR last birthday) Months | Days WHITE FEMALE WIDOWED KI MARCH 12, 1871 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. **GERMANY** Own. Home Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benzel THERESA KREAMER 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17 INSORMANT Address CUMBERLAND. MD. MEMORIAL HOSPITAL None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Theunouna DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? Y . Y' CYC. YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o m Not while of work of work p. m. 21. I certify that I attended the deceased from 1936, ta 173 that I last saw the deceased ..., 19.25..., and that death occurred at 9:17P.M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) PHYSICIAN'S DR. LEO H. LEY JR. NAME (Type) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 220 BURIAL CREMATION. page REMOVAL (Specify) liar.19.1958 S. S. Peter & Paul Cemetery Cumberland, Md. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Charles L. George, Cumberland, Md. VS A15 (4) DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MAN WELL SEE

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2706 CERTIFICATE OF DEATH Reg. Di	02687
	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE b. COUNTY	
[ [ ]		give negrest town)
	Frostburg 2T days " Midland	v 3
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE
	Niner's Hospital Railroad St.  3. NAME OF First Middle Lost 4. DATE Month	YES NO [
	Objects of Deceased Sarah Elizabeth Stevenson Sarah 3	20 19 58
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UNDER 24 H
	F WIDOWED DIVORCED 5_T_T883	Days Hours Mir
		IZEN OF WHAT COUN
	Housework Own Home Midland Md. U.	S, A.
	William Shearer Mary Elizabeth Goodrich  15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT TO C. ALC. A. C. Addens	
	[Fex. no or unknown]   [19 yes, give wer or dates of service]	
	None Mrs. Clarence Winebrenner, Dg  [18 CAUSE Of DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL RETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Caudigue Dila tation	ONSET AND DEATH
	422.1 DUE TO	- 3 mm
	gove rise to immediate (b) Arthursellestic Cardio versular durine	+ 9 yu
	couse (o), stating the under. DUE TO	. 3
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 120 MAR DITOR
٠.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOP: PERFORMED? YES ☐ NO
		is D wo
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, affice bldg., etc.)	County) (Sta
	Hour o. m.  While Not while foctory, street, affice bldg., etc.]  p. m.  19 of work of work	
	21. I certify that I attended the deceased from 2/27, 1958, to 3/20, 1958, that I	ast saw the dece
	alive an 3/20 1958, and that death occurred at 11.32 M, from the causes and on the	ne date stated ab
	ACTUAL SIGNATURE PROMISE TO DISTURD TO 26 W. Mc Line St. Hum The	DATE SIG
,	SIGNATURE CHARLES ! STORE M.D. HO. HO. HO. HO.	ing 3/2
	PHYSICIAN'S FRANK I. HARRAT MR Mancauch	1
	220 BURIAL, CREMATION, 226 DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 224 LOCATION (CITY JOHN OF COURSE)	(Store)
	Burial 3-23-1958 Frostburg Memorial Pk. Frostburg	Nd
	23. FUNGERAL DIRECTOR'S HOMENER HOTTE ADDRESS 240 RECISTRAR 20, REGISTRAR'S SIG	NATURE
2012	DATE Prostburg, Md. DATE	4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		MARYLAND STATE DEP	ARTME	NT OF HEALTH—BALTIMORE, 18 02689
FOR STATE		2677	HVER 3	CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.	I.	PLACE OF DEATH COUNTY Allegany	IARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  • STATE Md. b COUNTY Allegany
Heoff.		b. CITY OR TOWN (If outs de corporate limits with BUPAL c LENGTH OF S and give Agoresi topn) 66 y.	TAY IN 16	c. CITY OR TOWN (I) outside corporate limits, write RURAL and give nearest lown)  Cumberland
Boord dur		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street or 10 Independence St.	idress)	d STREET ADDRESS  10 Independence St.    IS RESIDENCE ON A FARM?   YES   NO
he fune relain ne State	3.	NAME OF DECEASED (Type or print) First May		Thomas DATE Month Day Year Month March 15 19 58
may be	5.	female white widowed by divori		DATE OF BIRTH  9 AGE 160 years 1 FUNDER 14EAR 1F UNDER 24 HRS 4 AGE 160 years 66 years 4 Months Days Hours Min.
Poge 5	104	BUSINESS DISTRIBUTION (Give kind of work done 106 KIND OF BUSINESS during most of working life, even if refired)		
PM3.	13	. FATHER'S NAME Charles Rice		14 MOTHER'S MAIDEN NAME Elizabeth Bellinger
Green File	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY no. or unknown) [If yes, give was or dates of services] 219 03 90		on) Donald Thomas, Cumberland, Md.
lem 18.		18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)	j	y occlusion Interval bluelen Sudden
in pencil in pencil in a pencil in a pencil in a buriol-tron		gove rise to immediate couse (a), stating the underlying couse last. (c).		is with hypertention   about 3   years
pending tol Exor esed as rematic	CATION		EATH BUT NO	DI RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO K
word " f Medil uld be wrigh, o	1 CEPTIF	CAUSE OF DEATH.		ter noture of injury in Port Lor Fort H of item 18 )
he Chie	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work of work to the control of	20e PLACI factor	E OF INJURY (Home, form. 20f (City or town) (County) (State) y, street, office bidg., etc.)
Pog.				e, held an Autopsy 🔲, Inspection 🕦, Inquiry 🔣, and in ny
000		apinion death resulted from: Natural causes A	ccident [_	, Suicide , Homicide , Undetermined manner
o de la companya de l		SIGNATURE HOLDENSING M. A.		M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
The d be d	-	RAMINER'S H.V.Deming M.D.		ASSISTANT MEDICAL EXAMINER (1)  DEPUTY MEDICAL EXAMINER (1)  March 15-1958
execute A should or its d	27. E	BURAL CREMATION, 226 GATE THEREOF 220, NAME OF CE		
ALSMÉ	ļ	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
5M 2/57		Byron Kight Cumberland, M	d.	DATE MAR 1 9 158 1 1884 escen
		Kingle		Add to a second



SDel 6: MAM



John J. Hafer, Cumberland, Maryland

02690

e. IS RESIDENCE

Days

MAR 2 6 '58

ON A FARM? YES NO T

USA

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO I

> > (Stote)

**VS A15 (4)** 1SM 10/57

BULLAN W. S.

832. 8W.

VS A15 (4) 15M 9/5S

**CERTIFICATE OF DEATH** 

02691 Reg. Dist. No.

- 16								Acres de la constitución de la c				
	1. PLACE OF DEATH o. COUNTY Allegany MARY		o. STATE	Where decease sylvan	d lived. If institution: Re b COUNTY ia A	nidence before	·					
ľ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b			rate limits, write RURAL			_				
	Cumberland 3 month	is	Pitt	sburgh	*							
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			0	IS RESIDENCE ON A FARM?					
	711 National Highway		120 Rus		enue		YES NO	]				
	3. NAME OF First Middle DECEASED (Type or print) ALICE KARY	TOS	Lost	4. DATE OF DEATH	March 14	Day						
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE		ATE OF BIRTH		9 AGE (In years IF UI	NDER I YEAR	19 58 IF UNDER 24 MR					
		PONOV			lost birthday) Mon		Hours Min.	-				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of during most of working life, even if retired)	R INDUSTRY	11. BIRTHPLACE (Sta	ite ar foreign c	ountry) 13	CITIZEN OF	F WHAT COUNT	IRY?				
H	pusewife Gwn Home		Somerset	Co.	Pennsylvan	i a	IISA					
	13. FATHER'S NAME	1	4 MOTHER'S MAIDEN	NAME								
	Henry C. Beam		Rebecca	Baldw	4 =							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO				at'l Mighwa		-					
	(Yes, no. or unknown) (If yes, give wer or dates of service)	4.2.2	4 (03 )		9	V						
ı	no long		ert lash,	Lumbe	rland, Mar		RVAL BETWEEN	_				
	TB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY.		ONSET AND DEATH									
ı	1/10 X IMMEDIATE CAUSE (0) - 1 Uniona 10 22.											
ı												
-1	Conditions, if any, which ) (b) Whomis Eft freat 3 year											
-1	gove rise to immediate out TO											
4	lying couse lost.											
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVEN IN	PART 1(o) 19	WAS AUTOPS	Y				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD  20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)						PERFORMED?	1_				
		CCURRED. (I	Enter noture of injury i	in Port I or Por	1 II of item 18.]							
	집 Hour a.m. While Not while	20e. PLACE factory	OF INJURY (Home, for, street, office bldg., a	orm, 20f. (Cit efc.)	or lown)	(County)	(\$10)	e)				
	p. m. 19 of work at work	1										
	21. I certify that I attended the deceased from / 1	uls	, 19 <u>_2</u> 2, to_ <u>_</u> /,	4 /241	19 <u>5</u> 7thc	at I last sa	w the decea	sed				
1	alive an 12 mm. 5 8 19, and that	death ac		A_M, frai	n the causes and c	on the date	e stated abo	ve.				
-	Leave to MI I a De la				treet, city or town, state)		DATE SIGN					
,	SIGNATURE IN Caped Vin Cene	M.D				marc	D-141	25				
	PHYSICIAN'S											
ł	NAME (Type) W. Alfred VanOrmor 12	2 Sou	th-Centro	Stree	t_Cumberla	andM	<u>d</u>					
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME			22d. LOCA	TION (City, town, or cou	nty)	(Stote)					
	Burial Mar. 17. 1958 Ligonie	r Val	lev Com		nier. Penn		is					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				RAR, 9 246. REGISTRAR	'S SIGNATURE	E					
	John J. Hafer, Cumberland, Marvl.	and	100	11/1/87	CON S	reduce						
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## BURIED V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 2679 Rea. Dist. No. With the PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY ALLEGANY PENNSYLVANIA **b.** COUNTY MARYLAND BEDFORD death P b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give regrest town) DAYS BEDFORD d NAME OF HOSPITAL [If not in hospital, give street address] d. STREET ADDRESS ts RESIDENCE 60 IAL HOSPITAL ON A FARM? RT. #3 YES TO NO! Ξ. NAME OF First Middle 4 DATE Month Yeor BENJAMIN TROUTMAN MARCH 29 (Type or print) DEATH 10 5 SEX 6 COLOR OR RACE 7 MARRIED 17 NEVER MARRIED T 9. AGE (In years lest-birthday) erely B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours MALE WHITE WIDOWED [7] DIVORCED [7] 100. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FARMING dwn Farm MARYLAND U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME FRANK TROUTMAN SUSAN ROBINETTE 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address MENORIAL HOSPITAL - CUMBERLAND, MD. CAUSE OF DEATH | Enter only one couse pentine for (a) . (b) and .(c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPS) PERFORMED? YES FIL NO DE 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town] (County) (Stole) factory, street, office bldg., etc.) Hour a.m. Not while While p. m. at work at werk 1955 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 4:30 A.M. from the causes and an the date stated above alive an ADDRESS (Street, city or Jown, state) **DATE SIGNED** ACTUAL SIGNATUR should George Simons PHYSICIAN'S NAME (Type) FUNER/ 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Slate) Mar.31,1958 Bethel Cemetery Beaford. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) yron Kight Cumberland, Md. DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEALEDS!

BURLAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2690 Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed a COUNTY STATE MARYLAND **b.** COUNTY MARYLAND **ALLEGANY ALLEGANY** b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 RURAL and give nearest tawn) 186 DAYS CUMBERLAND FROSTBURG d. NAME OF HOSP TAL WENDER PAID! HOSP TAL" d STREET ADDRESS e. IS RESIDENCE ON A FARM MEMORIAL & WARWICK AVES SOUTH GRANT ST YES I NO AT pug 3. NAME OF Middle 4. DATE Month Day Year DECEASED ANNIF **VOGTMAN** (Type or print) DEATH MARCH 10 6 COLOR OR RACE | 7 MARRIED | NEVER MARRIED | 5. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days FEMALE WHITE WIDOWED TX DIVORCED [7] popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | IT BIRTITEACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) ECKHART, MARYLAND U.S.A. Housework Own Home carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THEODORE MORGAN Ann Bird 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Detroit, Mich. Mr. Howard Vogtman. 3700 Lincoln Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE TO mint **DUE TO** Conditions, if any, which gave rise to immediate DUF TO cause (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 17. 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, affice bidg., etc.) Haur a.m. While Not while at work at work 8 mm, 1958 that I last saw the deceased 21. I certify that I attended the deceased fram/ and that death accurred at 7.440A.M. from the causes and on the date stated above. ACTUAL 0.011-0.01 should PHYSICIAN'S W. A. VAN ORMER NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 3-20-T955 Frostburg. Md. JOHD. REGISTRAR'S SIGNAZURE 240 RECIO BY REGISTRAR VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dest. 1 ALTH DEPT 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before odm ssion) PLACE OF DEATH a. COUNTY Ø STATE **b** COUNTY Allegany Md. Allegany MARYLAND b. CITY OR TOWN (If aulside corporate I mils, write EURAL ELENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 months Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDEN ON A FARM? 108 Memorial Hospital Spruce .0. YES NO 3. NAME OF Year DECEASED Leslie Carl Welsh DEATH (Type or print) March 6. COLOR OR RACE 7. MARRIED R NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS Months white male WIDOWED | Jan 29-1917 DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cumberland, Md B&O R.Ry. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mable Troutman Emanuel Welsh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address wife-Mrs.L.C.Welsh yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: Coronary occlusion sudden IMMEDIATE CAUSE (o) DUE TO Coronary sclerosis Conditions, if any, which] gave rise to immediate cause DUE TO (a), stating the underlying couse lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS, WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18) 20d. IN. URY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, affice bldg. etc.) Not while at work at work 2). I certify that I took charge of the remains described above, held an Autapsy 🙀 . Inspection 🖼 Inquiry 🔀 opinion death resulted fram. Natural causes 🤸 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner **DATE SIGNED** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S H.V. Deming M.D. DEPUTY MEDICAL EXAMINER 内 Narch 24-1958 NAME (Type) 720. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) (Stote) Burial Sunset Memorial " O Cumberland . Md. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REG STRAR 246 REGISTRAR'S SIGNATURE VS A15ME James F. Scarpelli, Cumberland, Md SM 2757 Durchatte

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CERTIFICATION

MEDICAL

SIGNATURE

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MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE, 18
2000	CEDTIEICATE	OF	DEATH

	26	83	CERTIFICA	ATE OF DEATH	4		Reg. D	ist. No.	140	98	
1. PLACE OF DEATH a. COUNTY ALLEGARIS	7		MARYLAND	2 USUAL RESIDENCE (WHO STATE MARYTUL)		litived, If institution b. COUNTY		nce before		on)	
RURAL and give ne	D_	•	C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) RURALS会员CITY OWN							
	AL (If not in hospital, g		oddress)	, d. STREET ADDRESS	01dt	Own				DENCE FARM? NO	
3. NAME OF DECEASED (Type or print)	fir JES		Middle FDWARD	tor WHORFO!!	4. DATE OF DEATH	Mont MARC		Day 8		(eor 19 58	
S. SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	Months	R 1 YEAR Days	Hours Hours	R 24 HRS Min	
during most of work	ON (Give kind at wark of ling life, even if retired)		kind of Business or Indu II Farm		-	e <sup>O</sup> rlean	1	USA	F WHAT	COUNTRY	
411414	EE WHORTON		TASED)	TOA TIT	IMORT		EASE	)			
No	(If yes, give war ar dates of si	rvicel	Þ	PIS CHART	····	Addro	011	· · · · · · · · · · · · · · · · · · ·			
	TH (Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO		ne for (a), (b), and (c) }	ioid Hen	وردوس	nage			RVAL BE		
Conditions, if a gave rise to it couse (a), slating lying couse last.	mmediate (		1								

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.)

20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. While Not while

20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg , etc.)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?

at work of work p. m 21. I certify that I attended the deceased fram

(County)

19.35, that I lost saw the deceased

YES NO

(State)

**DATE SIGNED** 

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and that death accurred at 12:00AM, from the causes and on the date stated above alive on ACTUAL

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								=
72a.	BURIAL	. CRI	DITAME	)N. I	22Ь	DATE	THEREOF	,
	REMOV							

22c. NAME OF CEMETERY OR CREMATORY Glendale Church Cemtery

(State) Flintstone, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

VS A1S (4) 1SM 9/SS

S.V ULLANDER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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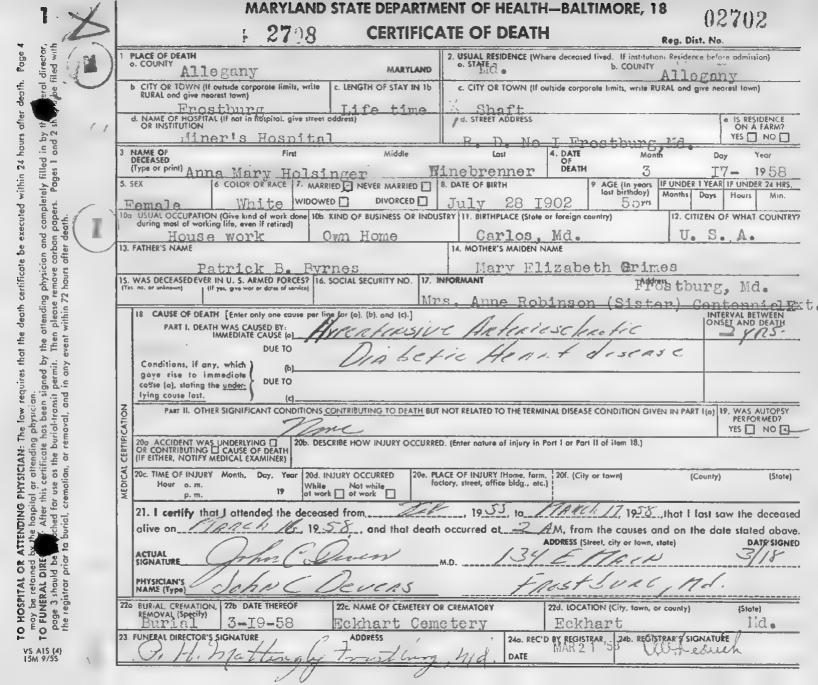
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02703 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived | If institution, Residence before admission) a. COUNTY Allegany Md. Allegany MARYLAND b. CITY OR TOWN I'll outside corporate limits, we a RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firmts, write RURAL and give necrest town) Cimberland Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ST d STREET ADDRESS Brook's Hotel, Baltimore Ave & Front Brook's Hotel ö YES NO NO 3. NAME OF M'ddle 4. DATE DECEASED (Type or print) B. Wright Charles DEATH March 6 COLOR OR RACE 7 MARRIED [ NEVER MARRIED ] 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR Months May 30-1896 walte WIDOWED J DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of work no life, even f retired)
Car helper B&O.R.Ry. U.S.A. West Va. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 1B&O record & card in pocket unknovm 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSEL AND DEAL A PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion sudden Coronary sclerosis Canditions, if any, which ] gave rise to immediate cause **DUE TO** (o), stoting the underlying Arteriosclerosis cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICE AND WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS
PRIMARY ( ) or CONTRIBUTING ( )
CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month Day, Year 20c. TIME OF INJURY 20f (City or town) (County) (State) factory, street, office bldg , etc.) at work of wark 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection R., Inquiry F. opinian death resulted fram: Natural causes 📆 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍 DATE SIGNED CHIEF MEDICAL EXAMINER [7]

execute the certifical should be for

VS. A15ME 5M 2/57 220 BUR AL CREMATION ŽŽE DATE THEREOF BURIA 3-19-58

NAME (Type)

H.V.Deming M.D.

Davis Memorial Park

22d to

ASSISTANT MEDICAL EXAMINER

22d tocation (City, town, or county)

Cumberland, Md.

DEPUTY MEDICAL EXAMINER # March 14-1958

NECL ...

(Stote)

James F. Scarpelli, Cumberland. Md. . DATE MAD 1 8 158

o 4 5 6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 02705 2688 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY filed MARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CUMBERLAND CUMBERLAND TOAY d. NAME OF HOSPITAL (II not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 60 MEMORIAL HOSPITAL 30 VIRG INIA AVE. YES NO T 3. NAME OF First Middle 4. DATE Lost Month Yeor ROBERT W. 2hYOUNG DEATH MARCH (Type or print) 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours WHITE MATE WIDOWED T DIVORCED | JANUARY 13. 1891 100, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most all working life, even if retired) Own Business U. S. A. WEST VIRGINIA Real Estate Agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNA FISHER JAMES R. YOUNG 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address MEMORIAL HOSPITAL \* CUMBERLAND. MD. ves 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m While Not while of work at work 2. 24, 1958 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 6.215P.M. from the causes and an the date stated above. ACTUAL SIGNATURE 236 Va. Car. PHYSICIAN'S NAME (Type) CLAY DURRETT 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page Burial Cumberland. Rose Hill Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR VS A15 (4) DATE MAR 2 8 '58 James F. Scarpelli, Cumberland, Md. 15M 10/57

DEPTH OF DEATH

BUREAU V. S.

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RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CULTIFICATE OF DEATH



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